



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDGERS BSD
25 AUG 1 PM 12:01:40

STAMP

1. Entity ID Number 001660394		2. Exact name of the Corporation CR Construction, Inc										
3. Principal Office Address 4 DESOTO WAY		City LINCOLN	State RI									
		Zip 02838										
4. NAICS Code 236115	6. Brief description of the character of business conducted in Rhode Island GENERAL CONSTRUCTION											
5. State of Incorporation RI												
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐												
President Name CARLOS ROLDAN		Vice-President Name										
Street Address 4 DESOTO WAY,		Street Address										
City LINCOLN	State RI	Zip 02838										
Secretary Name		Treasurer Name										
Street Address		Street Address										
City	State	Zip										
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐												
Director Name		Director Name										
Street Address		Street Address										
City	State	Zip										
Director Name		Director Name										
Street Address		Street Address										
City	State	Zip										
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐										
This Information is currently of record in the Department of State.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>STK</td> <td>\$0.0100</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	STK	\$0.0100			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
100	STK	\$0.0100										
Changes require an additional filing.												
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.												
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.												
Name of Authorized Representative CARLOS ROLDAN		Date 07/31/2025										
Signature of Authorized Representative 		FILED 12:03P										

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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