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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.

1. Entity ID Number	2. Exact name of the Corporation
001681844	Fincor Construction, Inc.

3. Principal Office Address	City	State	Zip
133 Defense Highway, Suite 209	Annapolis	MD	21401

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238900	General Contractors, Construction, Multi-family
5. State of Incorporation: MD	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Michael C. Finn	20 Greenwood Shoals	Grasonville	MD	21638

Vice-President Name	Street Address	City	State	Zip
Michael T. Finn	166 Warbler Way, #31	Chester	MD	21619

Secretary Name	Street Address	City	State	Zip
Amanda J. Finn	20 Greenwood Shoals	Grasonville	MD	21638

Treasurer Name	Street Address	City	State	Zip
Ellen A. Finn	166 Warbler Way, #31	Chester	MD	21619

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Michael C. Finn	20 Greenwood Shoals	Grasonville	MD	21638

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	private	$1

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	Date
Michael C. Finn	9-11-25

Signature of Authorized Representative: Michael C. Finn

FILED 12:22P

SEP 12 2025

BY MØFSN

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

FORM 630- Revised: 12/2023