RI SOS Filing Number: 202212801860 Date: 3/7/2022 4:00:00 PM

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State of Rhode Island

## **Department of State - Business Services Division**

MAR 0 7 2022

Annual Report for the year: 2022
Corporation

BY\_ Leva GTAMF

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25,00 fee if form is not filed by May 31.

Entity ID Number	12 Evact nam	e of the Comoration			<del>.</del>			
796015	1 .	2. Exact name of the Corporation Skurka Construction, Inc.						
	Skurka	Construction,						
3. Principal Office Address			City		State	Zip		
301 East Greenwich Ave.			West Wa	ırwick	RI	02893		
4. NAICS Code	6. Brief descr	6. Brief description of the character of business conducted in Rhode Island						
238910	Construc	Construction						
5. State of Incorporation		Construction						
RI								
7. List ALL officers (names and	addresses)				ck the box to ir	ndicate an attachment 🔲		
President Name David J. Sk	Vice-President Name David M. Skurka							
Street Address 301 East Gro	Street Address 301 East Greenwich Ave.							
<sup>City</sup> West Warwick	State RI	<sup>Zip</sup> 02893	· 1		State RI	<sup>Zip</sup> 02893		
Secretary Name David M. Skurka			Treasurer Name David J. Skurka					
Street Address 301 East Greenwich Ave.			Street Address 301 East Greenwich Ave.					
<sup>City</sup> West Warwick	State RI	<sup>Zip</sup> 02893	City West Warwick State			<sup>Zip</sup> 02893		
8. List ALL directors (names ar	d addresses)	<del>, , , , , , , , , , , , , , , , , , , </del>		Che	ck the box to it	ndicate an attachment 🗀		
Director Name David J. Skurka			Director Name David M. Skurka					
Street Address 301 East Greenwich Ave.			Street Address 301 East Greenwich Ave.					
City West Warwick	State RI	<sup>Zip</sup> 02893	City West	Warwick	State RI	<sup>Zip</sup> 02893		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Issu	ued	Che	ck the box to ii	ndicate an attachment		
This information is currently of record in the		NUMBER OF	SHARES	T T T		PAR VALUE		
Department of State.		1000		CNP		.00		
Changes require an additional fi	ling.		•					
11. This report must be execute	ed on behalf of the	corporation by an a	uthorized repre	sentative. If the co	rporation is in t	he hands of a receiver or		
trustee, this report must be exe								
Under penalty of perjury, I de statements, and that all state				including any acc	ompanying s	cnedules and		
Name of Authorized Represent		nerein are true an	u correct.		Date	<del></del>		
David J. Skurka					115	/22		
Signature of Authorized Repre	entative	·			1-1	<del></del>		

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 **Website:** www.sos.ri.gov