



State of Rhode Island  
**Department of State - Business Services Division**

Annual Report for the year: 2023  
 Corporation

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2023 JAN 11 PM 1:10

- 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 000004607		2. Exact name of the Corporation COMPTON CONSTRUCTION CO., INC.			
3. Principal Office Address 411 CHESTNUT HILL RD.		City CHEPACHET		State RI	Zip 02814
4. NAICS Code 236110		6. Brief description of the character of business conducted in Rhode Island BUILDING CONSTRUCTION AND REMODELING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name RICHARD F. ROGERS, JR.			Vice-President Name		
Street Address 306 HIGHLAND RD.			Street Address		
City TIVERTON	State RI	Zip 02878	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	CMP	Ø
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. <i>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.</i>					
Name of Authorized Representative BERYL BORDEN				Date 1/11/2023	
Signature of Authorized Representative				<b>FILED</b>	

JAN 11 2023  
 BY ML WCDREW  
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