



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

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

FILED STAMP
 FEB 27 2023
 BY 16727
 ps

1. Entity ID Number 796015	2. Exact name of the Corporation Skurka Construction, Inc.
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3. Principal Office Address 301 East Greenwich Ave.	City West Warwick	State RI	Zip 02893
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4. NAICS Code 238910	6. Brief description of the character of business conducted in Rhode Island Construction
5. State of Incorporation RI	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David J. Skurka			Vice-President Name David M. Skurka		
Street Address 301 East Greenwich Ave.			Street Address 301 East Greenwich Ave.		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name David M. Skurka			Treasurer Name David J. Skurka		
Street Address 301 East Greenwich Ave.			Street Address 301 East Greenwich Ave.		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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	Zip 02893	City West Warwick	State RI	Zip 02893
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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 <input type="checkbox"/>		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	1000	CNP	.00

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 David J. Skurka	Date 2/23/23
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Signature of Authorized Representative

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