



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

MAY 11 2023 STAMP

1015702  
SECRETARY OF STATE  
RHODE ISLAND

- 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 <b>22843</b>	2. Exact name of the Corporation <b>D.J. CRONIN, INC.</b>
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3. Principal Office Address <b>53 MINK STREET</b>	City <b>SEEKONK</b>	State <b>MA</b>	Zip <b>02771</b>
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4. NAICS Code <b>484220</b>	6. Brief description of the character of business conducted in Rhode Island <b>TRUCKING OF ASPHALT AND PETROLEUM PRODUCTS</b>
5. State of Incorporation <b>MASSACHUSETTS</b>	

7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>RICHARD J CRONIN</b>			Vice-President Name <b>RICHARD J CRONIN</b>		
Street Address <b>132 GEORGE STREET</b>			Street Address <b>132 GEORGE STREET</b>		
City <b>BARRINGTON</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>BARRINGTON</b>	State <b>RI</b>	Zip <b>02806</b>
Secretary Name <b>KAREN FARINA</b>			Treasurer Name <b>RICHARD J CRONIN</b>		
Street Address <b>17 SYLVESTER STREET</b>			Street Address <b>132 GEORGE STREET</b>		
City <b>BARRINGTON</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>BARRINGTON</b>	State <b>RI</b>	Zip <b>02806</b>

8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>JANE CRONIN</b>			Director Name <b>RICHARD J CRONIN</b>		
Street Address <b>132 GEORGE STREET</b>			Street Address <b>132 GEORGE STREET</b>		
City <b>BARRINGTON</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>BARRINGTON</b>	State <b>RI</b>	Zip <b>02806</b>
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	<b>229</b>	<b>COMMON</b>	<b>\$100</b>

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 <b>Richard J Cronin</b>	Date <b>5/8/2023</b>
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Signature of Authorized Representative 
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MAIL TO:  
Division of Business Services  
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Phone: (401) 222-3040  
Website: www.sos.ri.gov