



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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
APR 12 2024
 BY *[Signature]* 4/16/24

1. Entity ID Number 20467		2. Exact name of the Corporation JAMES J. O'ROURKE, INC.			
3. Principal Office Address 21 PINE STREET			City WARWICK	State RI	Zip 02888
4. NAICS Code 238310		6. Brief description of the character of business conducted in Rhode Island ELECTRICAL CONTRACTING			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>					
President Name WILLIAM F. O'ROURKE			Vice-President Name CHRISTOPHER W. O'ROURKE		
Street Address 39 TIMBERLINE ROAD			Street Address 111 TERRACE DRIVE		
City WARWICK	State RI	Zip 02886	City EAST GREENWICH	State RI	Zip 02818
Secretary Name CHRISTOPHER W. O'ROURKE			Treasurer Name EDWARD F. DWYER		
Street Address 111 TERRACE DRIVE			Street Address 30 NARRAGANSETT PARKWAY		
City EAST GREENWICH	State RI	Zip 02818	City WARWICK	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>					
Director Name WILLIAM F. O'ROURKE			Director Name CHRISTOPHER W. O'ROURKE		
Street Address 39 TIMBERLINE ROAD			Street Address 111 TERRACE DRIVE		
City WARWICK	State RI	Zip 02886	City EAST GREENWICH	State RI	Zip 02818
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment: <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SHARES	PAR VALUE
			7000	COMMON	NO PAR
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 CHRISTOPHER W. O'ROURKE				Date 3-29-24	
Signature of Authorized Representative <i>[Signature]</i>					

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