



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
STAMP**
MAY 14 2024
BY 10408
DS

1. Entity ID Number 22843		2. Exact name of the Corporation D.J. CRONIN, INC.	
3. Principal Office Address 53 MINK STREET		City SEEKONK	State MA
Zip 02771		4 NAICS Code 484220	
5. State of Incorporation MASSACHUSETTS		6. Brief description of the character of business conducted in Rhode Island TRUCKING OF ASPHALT AND PETROLEUM PRODUCTS	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name RICHARD J CRONIN		Vice-President Name RICHARD J CRONIN	
Street Address 132 GEORGE STREET		Street Address 132 GEORGE STREET	
City BARRINGTON	State RI	Zip 02806	City BARRINGTON
Secretary Name KAREN FARINA		Treasurer Name RICHARD J CRONIN	
Street Address 17 SYLVESTER STREET		Street Address 132 GEORGE STREET	
City BARRINGTON	State RI	Zip 02806	City BARRINGTON
State RI		Zip 02806	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name JANE CRONIN		Director Name RICHARD J CRONIN	
Street Address 132 GEORGE STREET		Street Address 132 GEORGE STREET	
City BARRINGTON	State RI	Zip 02806	City BARRINGTON
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
State		Zip	
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES 229	CLASS/SERIES COMMON
		PAR VALUE \$100	
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 <i>[Signature]</i>			Date 5/9/2024
Signature of Authorized Representative <i>[Signature]</i>			

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov