



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2019

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 63937		2. Exact name of the Corporation San Antonio Buildwes, Inc.			
3. Principal office address 145 Widow Sweets Rd.			City Exeter	State RI	Zip 02822
4. Business Phone No. 401-397-9939		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island Installing Water Gardens & Fish Ponds 487210					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name David San Antonio			Vice-President Name Patricia San Antonio		
Street Address 145 Widow Sweets RD			Street Address 145 Widow Sweets Rd.		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
Secretary Name Gloria San Antonio			Treasurer Name David San Antonio		
Street Address 137 Widow Sweets Rd.			Street Address 145 Widow Sweets Rd.		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name NONE			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 300 Comm No Par Value					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			NONE		

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.

File Date _____
 Check No _____
 By: _____

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.

David San Antonio 1/28/19
 Signature of Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

FILED

David San Antonio
 Print or Type Name of Authorized Representative

JAN 30 2019

BY 6809 DS