



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

2013

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. 000485857		2. Exact name of the Corporation La Familia Construction, Inc.			
3. Principal office address 36 Eastman Street		City Warwick		State RI	Zip 02886
4. Business Phone No. 401-230-6563		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Buying, Selling and renting properties					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name David Fernandez			Vice-President Name Ceferino Fernandez		
Street Address 36 Eastman Street			Street Address 36 Eastman Street		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Juana Espinal			Treasurer Name David Fernandez		
Street Address 36 Eastman Street			Street Address 36 Eastman Street		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name David Fernandez			Director Name Ceferino Fernandez		
Street Address 36 Eastman Street			Street Address 36 Eastman Street		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name Juana Espinal			Director Name		
Street Address 36 Eastman Street			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
9. SHARES AUTHORIZED			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
			1,000	STK	1.00

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.

FILED

JUN 14 2013

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.

File Date

Check No

By:

BY

FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Representative

Date

Print or Type Name of Authorized Representative