



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 2014

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. 000201690		2. Exact name of the Corporation BARRADAS CONSTRUCTION CO, IC			
3. Principal office address 27 SPRING ST		City PAWTUCKET	State RI	Zip 02860	
4. Business Phone No. 401-265-0555		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island HOME IMPROVEMENTS					
President Name JOSE TAVARES					
Vice-President Name NONE					
Street Address 27 SPRING ST					
City PAWTUCKET	State RI	Zip 02860	City	State	Zip
Secretary Name			Treasurer Name JOSE TAVARES		
Street Address			Street Address SAME		
City	State	Zip	City	State	Zip
7. LIST ALL DIRECTORS NAME AND ADDRESS (SEE INSTRUCTIONS FOR FORM 1000)					
Director Name JOSE TAVARES			Director Name		
Street Address 27 SPRING ST			Street Address		
City PAWTUCKET	State RI	Zip 02860	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. SHARES AUTHORIZED					
9. SHARES ISSUED TO DATE					
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	
10000		COMMON		NO PAR	
10,000		Common		0.0100	

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

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.

Signature of Authorized Representative

Date

Print or Type Name of Authorized Representative