



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

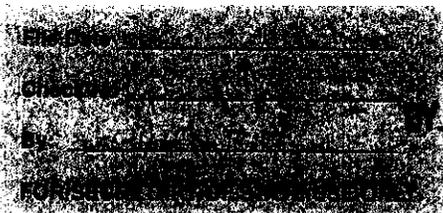
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2011**

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			Street Address		
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
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
9. SHARES/CLASS/SERIES			10. SHARES/CLASS/SERIES		
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
 DEC 18 2013
 Ch 213223
 3:07

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.

Jose Manuel Tavares 12-17-13
 Signature of Authorized Representative Date

JOSE TAVARES
 Print or Type Name of Authorized Representative