



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.sps.ri.gov

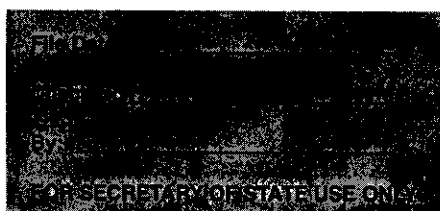
**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013**

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. <b>787973</b>		2. Exact name of the Corporation <b>REBELLO CONSTRUCTION, INC.</b>			
3. Principal office address <b>24 JAMES BIRCH LANE</b>		City <b>SWANSEA</b>	State <b>MA</b>	Zip <b>02777</b>	
4. Business Phone No. <b>508-567-5347</b>		5. State of Incorporation <b>MASSACHUSETTS</b>			
6. Brief description of the character of business conducted in Rhode Island <b>GENERAL CONSTRUCTION AND WEATHERIZATION</b>					
7. OFFICERS (NAMES AND ADDRESSES) (20 BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>CARL REBELLO</b>			Vice-President Name <b>NONE</b>		
Street Address <b>24 JAMES BIRCH LANE</b>			Street Address		
City <b>SWANSEA</b>	State <b>MA</b>	Zip <b>02777</b>	City	State	Zip
Secretary Name <b>NONE</b>			Treasurer Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. ALL DIRECTORS (NAMES AND ADDRESSES) (20 BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>CARL REBELLO</b>			Director Name		
Street Address <b>24 JAMES BIRCH LANE</b>			Street Address		
City <b>SWANSEA</b>	State <b>MA</b>	Zip <b>02777</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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.					

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

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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

Print or Type Name of Authorized Representative

5/16/14  
Date