



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 2015

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. 734996		2. Exact name of the Corporation ALMEIDA CONTRACTING CORPORATION			
3. Principal office address 6 BRAYTON WOODS DRIVE			City REHOBOTH	State MA	Zip 02769
4. Business Phone No. (508) 294-1577		5. State of Incorporation MASSACHUSETTS			
6. Brief description of the character of business conducted in Rhode Island GENERAL CONTRACTING AND CONSTRUCTION					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name KEVIN ALMEIDA			Vice-President Name None		
Street Address 6 BRAYTON WOODS DRIVE			Street Address		
City REHOBOTH	State MA	Zip 02769	City	State	Zip
Secretary Name BEVERLY ALMEIDA			Treasurer Name KEVIN ALMEIDA		
Street Address 297 PLEASANT STREET			Street Address 6 BRAYTON WOODS DRIVE		
City SEEKONK	State MA	Zip 02771	City REHOBOTH	State MA	Zip 02769
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name KEVIN ALMEIDA			Director Name NONE		
Street Address 6 BRAYTON WOODS DRIVE			Street Address		
City REHOBOTH	State MA	Zip 02769	City	State	Zip
Director Name NONE			Director Name NONE		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	COMMON	\$1.00 PAR VALUE

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: _____

FOR SECRETARY OF STATE USE ONLY

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.

Kevin Almeida 1-12-15
 Signature of Authorized Representative Date

KEVIN ALMEIDA, President

Print or Type Name of Authorized Representative

FILED
JAN 16 2015
BY 4858