



**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 **2016**

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>162607</b>		2. Exact name of the Corporation <b>213 CORPORATION</b>	
3. Principal office address <b>3947 DIAMOND HILL ROAD</b>		City <b>CUMBERLAND</b>	State <b>RI</b>
		Zip <b>02864</b>	
4. Business Phone No.		5. State of Incorporation <b>RHODE ISLAND</b>	
6. Brief description of the character of business conducted in Rhode Island <b>CONSTRUCTION WORK</b>			
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>			
President Name <b>JOSEPH ALMEIDA</b>		Vice-President Name <b>JOSEPH ALMEIDA</b>	
Street Address <b>3947 DIAMOND HILL ROAD</b>		Street Address <b>3947 DIAMOND HILL ROAD</b>	
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>CUMBERLAND</b>
			State <b>RI</b>
			Zip <b>02864</b>
Secretary Name <b>JOSEPH ALMEIDA</b>		Treasurer Name <b>JOSEPH ALMEIDA</b>	
Street Address <b>3947 DIAMOND HILL ROAD</b>		Street Address <b>3947 DIAMOND HILL ROAD</b>	
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>CUMBERLAND</b>
			State <b>RI</b>
			Zip <b>02864</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>			
Director Name <b>JOSEPH ALMEIDA</b>		Director Name	
Street Address <b>3947 DIAMOND HILL ROAD</b>		Street Address	
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City
			State
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
<b>9. SHARES AUTHORIZED</b>		<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>	
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
		100	COMMON
			NO PAR VALUE

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*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. 1588  
 By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY BY** Ch 268078

**FILED**

FEB 19 2016

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: [Signature]  
 Date: 2/11/16  
 Print or Type Name of Authorized Representative: **JOSEPH ALMEIDA**