



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615

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SECRETARY OF STATE
CORPORATIONS DIV

2016 JUL 14 PM 12:08

Profit Corporation Annual Report for the year: 2016

Filing period: January 1 - March 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation		
00150631		Bairros Construction Inc.		
3. Principal Office Address		City	State	Zip
813 County St.		Seekonk	MA	02771
4. Business Phone Number		5. State of Incorporation		
(508) 252-4119				
6. Brief description of the character of business conducted in Rhode Island				
Underground Utility Construction				
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name		Vice-President Name		
Isidro Bairros				
Street Address		Street Address		
813 County St.				
City	State	Zip	City	State
Seekonk	MA	02771		
Secretary Name		Treasurer Name		
Dinora Bairros				
Street Address		Street Address		
813 County St.				
City	State	Zip	City	State
Seekonk	MA	02771		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. Shares Authorized				
10. Shares Issued Check box to indicate an attachment <input type="checkbox"/>				
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		200	STK	\$0.00
11. 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. 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.				
Name of Authorized Representative			Date	
ISIDRO BAIRROS			July 9 / 2016	
Signature of Authorized Representative				

SIGN DOCUMENT HERE

FILED

JUL 14 2016

BY

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