



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

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

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SECRETARY OF STATE
CORPORATIONS DIV

2016 JUL 14 PM 12:08

Profit Corporation Annual Report for the year: 2009

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		Bairos 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 Bairos							
Street Address		Street Address					
813 County St.							
City	State	Zip	City	State	Zip		
Seekonk	MA	02771					
Secretary Name		Treasurer Name					
Dinora Bairos							
Street Address		Street Address					
813 County St.							
City	State	Zip	City	State	Zip		
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	Zip		
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 Bairos						July 9 / 2016	
Signature of Authorized Representative						SIGN DOCUMENT HERE	

12:12

FILED

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BY 90 279026