



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

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 532925		2. Exact name of the Corporation BESTHANDS CONSTRUCTION & REPAIRS, INC.		
3. Principal Office Address 22 COLLEEN MARY WAY		City SOUTH EASTON	State MA	Zip 02375
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION REGISTRATION		
5. State of Incorporation MA				
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name EMERSON MARTINS		Vice-President Name		
Street Address 22 COLLEEN MARY WAY		Street Address		
City SOUTH EASTON	State MA	Zip 02375	City	State
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
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
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>				
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued		
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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 Emerson Martins				Date 11/12/17
Signature of Authorized Representative 				SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

JAN 17 2017

FORM 630 - Revised: 10/2016

BY

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