



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.

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2017 JAN 18 PM 2:26

1. Entity ID Number 131452		2. Exact name of the Corporation Construction Performance Inc.			
3. Principal Office Address 43 Home St		City West Warwick		State RI	Zip 02893
4. NAICS Code 23		6. Brief description of the character of business conducted in Rhode Island Construction - Drywall, Insulation, ACT Millwork			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Maria Estrada			Vice-President Name Ernesto Estrada		
Street Address 43 Home St			Street Address 43 Home St.		
City W. Warwick	State RI	Zip 02893	City W. Warwick	State RI	Zip 02893
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			10 1.00		
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 Maria Estrada				Date 1/18/17	
Signature of Authorized Representative <i>[Signature]</i>				FILED JAN 18 2017 2:30	

MAIL TO:

Division of Business Services

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