



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**
Corporation**STAMP**

FOR

→ 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 131822		2. Exact name of the Corporation Paul Soares Contracting, Inc.			
3. Principal Office Address 125 Arlington Street			City East Providence	State RI	Zip 02914
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island To operate a remodeling and home improvement contracting business.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paulo J. Soares			Vice-President Name Paulo J. Soares		
Street Address 125 Arlington St			Street Address 125 Arlington St		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Paulo J. Soares			Treasurer Name Paulo J. Soares		
Street Address 125 Arlington St			Street Address 125 Arlington St		
City East providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Paulo J. Soares			Director Name None		
Street Address 125 Arlington St			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued 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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200		Common	No 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 Paulo J. Soares				Date	
Signature of Authorized Representative <i>Paulo J Soares</i>				SIGN DOCUMENT HERE	

FILED

MAR 01 2017

BY *JB* 297169

FORM 630 - Revised: 10/2016