



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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|   |   |   |                    |                         |     |
|---|---|---|--------------------|-------------------------|-----|
| 1. Entity ID Number<br><b>969048</b>  |   | 2. Exact name of the Corporation<br><b>MATEL CONSTRUÇÃO, INC.</b>   |                    |                         |     |
| 3. Principal Office Address<br><b>26 COBB ST</b>  |   | City<br><b>EAST PROVIDENCE</b>  | State<br><b>RI</b> | Zip<br><b>02914</b>     |     |
| 4. NAICS Code<br><b>23</b>  | 6. Brief description of the character of business conducted in Rhode Island<br><b>FRAMING CARPENTRY COMPANY</b> |   |                    |                         |     |
| 5. State of Incorporation<br><b>RI</b>  |   |   |                    |                         |     |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |   |   |                    |                         |     |
| President Name<br><b>CARLOS DO NASCIMENTO</b>   |   | Vice-President Name   |                    |                         |     |
| Street Address<br><b>26 COBB ST</b>   |   | Street Address  |                    |                         |     |
| City<br><b>EAST PROVIDENCE</b>  | State<br><b>RI</b>  | Zip<br><b>02914</b>   | City               | State                   | Zip |
| Secretary Name  |   | Treasurer Name  |                    |                         |     |
| Street Address  |   | Street Address  |                    |                         |     |
| City  | State   | Zip   | City               | State                   | Zip |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |   |   |                    |                         |     |
| 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  |   | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                    |                         |     |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.  |   | NUMBER OF SHARES  | CLASS/SERIES       | PAR VALUE               |     |
|   |   | <b>0</b>  |                    |                         |     |
| 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. |   |   |                    |                         |     |
| <b>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.</b>                                       |   |   |                    |                         |     |
| Name of Authorized Representative<br><b>CARLOS DO NASCIMENTO</b>  |   |   |                    | Date<br><b>03-06-17</b> |     |
| Signature of Authorized Representative<br><i>Carlos do Nascimento</i>   |   |   |                    | <b>FILED</b>            |     |

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

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