



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.

2017

1. Entity ID Number 1657233		2. Exact name of the Corporation DePaula Brothers Construction Inc.		
3. Principal Office Address 52 Hilton St.		City Tiverton	State RI	
		Zip 02878		
4. NAICS Code 23	6. Brief description of the character of business conducted in Rhode Island Carpentry; Framing, Siding, Decking			
5. State of Incorporation Rhode Island				
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name Ione De Paula		Vice-President Name Carrie De Paula		
Street Address 52 Hilton St.		Street Address 52 Hilton St.		
City Tiverton	State RI	Zip 02878	City Tiverton	
Secretary Name Carrie De Paula		Treasurer Name Carrie De Paula		
Street Address		Street Address		
City	State	Zip	City	
State		Zip	State	
Zip		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	State	
Zip		Zip		
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	
State		Zip	State	
Zip		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.		NUMBER OF SHARES		
Changes require an additional filing.		CLASS/SERIES		
		PAR VALUE		
		0		
		0		
		\$0.01		
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 Carrie A De Paula		Date 04/03/17		
Signature of Authorized Representative <i>Carrie A De Paula</i>				

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

APR 03 2017

FORM 630 - Revised: 02/2017

By *[Signature]*
C 15125962