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State of Rhode Island an Department of Sta			ivision			
Annual Report for the ye Corporation	ear: 20					
 → Filing period: January 1 - ħ → Filing Fee: \$50.00 → Penalty: Additional \$25.00 f 			6	2017		
1. Entity ID Number	2. Exact name of	f the Corporation				
1657233	DePau	ula Bro	thers	, Constr	ouchou	Δ Inc
3. Principal Office Address 52 Hiltor	St.		City	eton	State R I	zip 02878
4. NAICS Code				conducted in Rhode Isl	_	<u> </u>
5. State of Incorporation	Carpe	ntry;	Fran	ring, Sic	ling, Di	ecking
Rhode Island						J
7. List ALL officers (names and add	Check the box to indicate an attachment					
President Name Ione De Paula			Vice-President Name Carrie De Paula			
Street Address 52 Hilton St.			Street Address 52 Hillon St.			
city Tiverton	State RI	^{Zip} 02878	City Ti	verton	State RI	Zip 02878
Secretary Name CARRIE	e De P	aula	Treasurer Nar		Rie Di	ePaula
Street Address	· ,,	000(10)	Street Addres			Creation
City	State	Zip	City		State	Zip
8. List ALL directors (names and ad	Check the	re box to indicate	I e an attachment [
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 Issue	q T	Check th	le box to indicate	an attachment [
This information is currently of record in the		NUMBER OF SHARES		CLASS/SERIES	Check the box to indicate an attachment C	
Department of State.		0		0		0.01
Changes require an additional filing.						·····

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

Carrie A De Paula

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and

trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

statements, and that all statements contained herein are true and correct.

Signature of Authorized Representative

Name of Authorized Representative

MONTHUL FULLANT 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

