



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 146071		2. Exact name of the Corporation GOLDMINE CONTRACTORS, INC.				
3. Principal office address 22 GOLDMINE ROAD			City CHEPACHET	State RI	Zip 02814	
4. Business Phone No. 401-710-9730			5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island GENERAL CONTRACTOR						
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
President Name ROBERT ESTRELA			Vice-President Name KIMBERLY ESTRELA			
Street Address 22 GOLDMINE ROAD			Street Address 22 GOLDMINE ROAD			
City CHEPACHET	State RI	Zip 02814	City CHEPACHET	State RI	Zip 02814	
Secretary Name ROBERT ESTRELA			Treasurer Name KIMBERLY ESTRELA			
Street Address 22 GOLDMINE ROAD			Street Address 22 GOLDMINE ROAD			
City CHEPACHET	State RI	Zip 02814	City CHEPACHET	State RI	Zip 02814	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
Director Name ROBERT ESTRELA			Director Name KIMBERLY ESTRELA			
Street Address 22 GOLDMINE ROAD			Street Address 22 GOLDMINE ROAD			
City CHEPACHET	State RI	Zip 02814	City CHEPACHET	State RI	Zip 02814	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
				1,000.00	STK	\$1.0000

R.I. DEPT. OF STATE
 BUS. REG. DIV.
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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.

File Date: _____
 Check No: _____
 BY: _____
 FOR SECRETARY OF STATE USE ONLY

FILED

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BY 301078
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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.

Robert Estrela 03/22/2017
 Signature of Authorized Representative Date
ROBERT ESTRELA
 Print or Type Name of Authorized Representative