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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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-> Penalty. Additional \$2:	o.uu iee ii iomi is r	iot illed by April 1.			2011 141 1	, La -	
1. Entity ID Number		2. Exact name of the Corporation LA HERNANDEZ DRYWALL CONSTRUCTION INC					
000790169	LA HERNA						
3. Principal Office Address			City	City State			
525 BROAD STQ			CENTRAL	FALLS	RI	02863	
4. NAICS Code	I	cription of the chara		conducted in Rho	de Island		
3 - Construction CONSTRUCTION CONTRACTOR							
5. State of Incorporation							
RHODE ISLAND							
7. List ALL officers (names a	nd addresses)			Ch	eck the box to indi	cate an attachment	
President Name LUIS A HERNA NDEZ			Vice-President Name INGRD HERNANDEZ				
Street Address 240 BAXTER \$		Street Address 240 BAXTER ST					
City PAWTUCKET	State RI	^{Zip} 02861	City PAWTUCKET		State RI	^{Zip} 02861	
Secretary Name LUIS A HERN	i	Treasurer Name INGRID HERNANDEZ					
Street Address 240 BAXTER \$			Street Address 240 BAXTER ST				
City PAWTUCKET	State RI	^{Zip} 02861	City PAWTUCKET		State RI	^{Zip} 02861	
8. List ALL directors (names a	and addresses)		1	Che	eck the box to indi	cate an attachment	
Director Name	100		Director Nam	ne			
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 This information is currently of	secord in the		10. Shares Issued Check the box to indicate an attachment NUMBER OF SHARES CLASS/SERIES PAR VALUE				
Department of State.	1000		STK		.01		
Changes require an additional					,1		
	<u> </u>						
 This report must be execut trustee, this report must be ex 	ited on behalf of the recuted on behalf of	corporation by an a	authorized repre	esentative. If the co	rporation is in the	hands of a receiver or	
Under penalty of perjury, I d	leclare and affirm	that I have examin	ed this report,	including any acc	companying sche	dules and	
statements, and that all stat Name of Authorized Represer		herein are true ar	nd correct.		10-4-		
Name of Authorized Represer INGRID HERNANDEZ	itative			FILED	Date	~//7	
Signature of Authorized Repre	esentative 🔥	<u> </u>		, , , , , , ,	1 7/2	44.4	
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MAIL TO:		(m 302	310	n eb a s	
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