



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

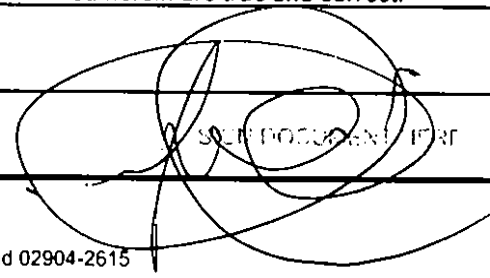
→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2018 JAN 29 AM 9:59

1. Entity ID Number 548236		2. Exact name of the Corporation HEIDY CONSTRUCTION, INC			
3. Principal Office Address 849R ELMWOOD AVENUE			City PROVIDENCE	State RI	Zip 02907
4. NAICS Code 238350		6. Brief description of the character of business conducted in Rhode Island CARPENTER			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name UBENCIO D. CABRERA			Vice-President Name		
Street Address 849R. ELMWOOD AVENUE			Street Address		
City PROVIDENCE	State R.I.	Zip 02907	City	State	Zip
Secretary Name UBENCIO D. CABRERA			Treasurer Name		
Street Address 849R ELMWOOD AVENUE			Street Address		
City PROVIDENCE	State R.I.	Zip 02907	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate 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 Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			Common		
			No Par		
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 UBENCIO D. CABRERA				Date JANUARY 25, 2018	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

JAN 29 2018

BY

10322845

FORM 630 - Revised: 10/2017