



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILEDAnnual 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.

FEB 20 2018

BY

15500

1. Entity ID Number 001664573		2. Exact name of the Corporation CHRIS AGUIAR CONSTRUCTION, INC.			
3. Principal Office Address 66 OLIVER STREET, APT. #3			City BRISTOL	State RI	Zip 02809
4. NAICS Code 332311		6. Brief description of the character of business conducted in Rhode Island BUILDING OF NEW AND EXISTING DWELLINGS			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name CHRISTOPHER AGUIAR			Vice-President Name SAME		
Street Address 66 OLIVER STREET, APT. #3			Street Address		
City BRISTOL	State RI	Zip 02809	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name CHRISTOPHER AGUIAR			Director Name		
Street Address 66 OLIVER STREET, APT. #3			Street Address		
City BRISTOL	State RI	Zip 02809	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		
			100	0.00	CNP
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 CHRISTOPHER AGUIAR				Date 01/27/2018	
Signature of Authorized Representative 					

MAIL TO:
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 Website: www.sos.ri.gov