



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.

1. Entity ID Number <b>000790169</b>		2. Exact name of the Corporation <b>LA HERNANDEZ DRYWALL CONSTRUCTION, INC.</b>			
3. Principal Office Address <b>525 BROAD STREET</b>			City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>
4. NAICS Code <b>238310</b>		6. Brief description of the character of business conducted in Rhode Island <b>CONSTRUCTION CONTRATOR</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>LUIS A. HERNANDEZ</b>			Vice-President Name <b>INGRID HERNANDEZ</b>		
Street Address <b>240 BAXTER ST</b>			Street Address <b>240 BAXTER ST</b>		
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02863</b>
Secretary Name <b>LUIS A. HERNANDEZ</b>			Treasurer Name <b>INGRID HERNANDEZ</b>		
Street Address <b>240 BAXTER ST</b>			Street Address <b>240 BAXTER ST</b>		
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02863</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		<b>1000</b>	<b>STK</b>	<b>0.01</b>	
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 <b>LUIS A. HERNANDEZ</b>					Date <b>2/28/18</b>
Signature of Authorized Representative 					SIGN DOCUMENT HERE

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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