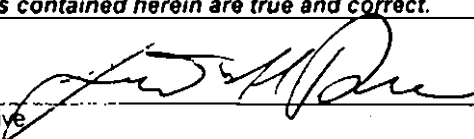




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 148178		2. Exact name of the Corporation JOHN ROSA CONSTRUCTION, INC.			
3. Principal Office Address 395 Greenville Avenue			City Johnston	State RI	Zip 02919
4. NAICS Code 238140		6. Brief description of the character of business conducted in Rhode Island To operate a masonry contracting business.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joao M. Rosa			Vice-President Name Joao M. Rosa		
Street Address 395 Greenville Avenue			Street Address 395 Greenville Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Joao M. Rosa			Treasurer Name Joao M. Rosa		
Street Address 395 Greenville Avenue			Street Address 395 Greenville Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joao M. Rosa			Director Name		
Street Address 395 Greenville Avenue			Street Address		
City Johnston	State RI	Zip 02919	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			100	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 Joao M. Rosa, President				Date 02-26-18	
Signature of Authorized Representative 				Date MAR 07 2018	
SIGN DOCUMENT HERE BY 4406					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov