



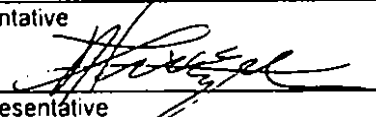
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

FOR

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 1657222		2. Exact name of the Corporation ALMANZAR CONSTRUCTION, INC			
3. Principal Office Address 33 TORONTO AVENUE		City PROVIDENCE		State RI	Zip 02905
4. NAICS Code 236118	6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION				
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 LUIS ALMANZAR			Vice-President Name SAME		
Street Address 33 TORONTO AVENUE			Street Address		
City PROVIDENCE	State RI	Zip 02905	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 <input type="checkbox"/>					
Director Name LUIS ALMANZAR			Director Name		
Street Address 33 TORONTO AVENUE			Street Address		
City PROVIDENCE	State RI	Zip 02905	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
		1,000.00		CWP	\$0.0100
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 LUIS ALMANZAR 					Date 03/01/2018
Signature of Authorized Representative					
SIGN DOCUMENT HERE FILED					

MAR 12 2018

BY 170 QS