



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 Entry ID Number 001673771 | | 2 Exact name of the Corporation T & J Construction, Inc. | | | |
| 3 Principal Office Address 215 Bourne Avenue | | | City East Providence | State RI | Zip 02916 |
| 4 NAICS Code 230118 | 6 Brief description of the character of business conducted in Rhode Island General contracting and construction, remodeling, repairing and refinishing residential and commercial properties and all legal business related to said contractor's services and remodeling services. | | | | |
| 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 Antonio J. Fontes | | | Vice-President Name Joao M. Camara | | |
| Street Address 215 Bourne Avenue | | | Street Address 85 Wooley Street | | |
| City East Providence | State RI | Zip 02916 | City Fall River | State MA | Zip |
| Secretary Name Antonio J. Fontes | | | Treasurer Name Antonio J. Fontes | | |
| Street Address 215 Bourne Avenue | | | Street Address 215 Bourne Avenue | | |
| City East Providence | State RI | Zip 02916 | City East Providence | State RI | Zip 02916 |
| 8 List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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 This information is currently of record in the Department of State. Changes require an additional filing. | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| | | | NUMBER OF SHARES 200.00 | CLASS-SERIES Common | PAR VALUE No Par Value |
| | | | | | |
| 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 Antonio J. Fontes, President | | | | Date 3/19/2018 | |
| Signature of Authorized Representative | | | FILED | | |

MAIL TO:

Division of Business Services

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