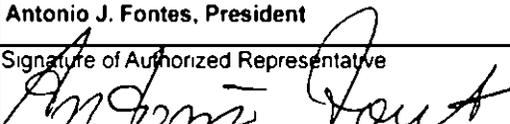




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 23018		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			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		PAR VALUE
			200.00	Common	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
 148 W River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

MAR 22 2018

BY 23405