




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

FILED
STAMP
 APR 23 2018

BY 2090

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 4837		2. Exact name of the Corporation Cordeiro's Construction, Inc.			
3. Principal Office Address 3 Liberty Lane		City Bristol		State RI	Zip 02809
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island Residential and Commercial 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 Daniel Cordeiro			Vice-President Name Daniel J. Cordeiro		
Street Address 3 Liberty Lane			Street Address 3 Liberty Lane		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Daniel J. Cordeiro			Treasurer Name Daniel J. Cordeiro		
Street Address 3 Liberty Lane			Street Address 3 Liberty Lane		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Daniel Cordeiro			Director Name		
Street Address 3 Liberty Lane			Street Address		
City Bristol	State RI	Zip 02809	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 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. <i>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.</i>					
Name of Authorized Representative Daniel Cordeiro					Date 4/1/18
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					

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