



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

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 SECRETARY OF STATE
 CORPORATIONS DIV

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.

2018 OCT -1 AM 8:49

1. Entity ID Number 1336239		2. Exact name of the Corporation Triple J Drywall and Carpentry, Inc.			
3. Principal Office Address 1 Felix Miranda Way			City Providence	State RI	Zip 02904
4. NAICS Code 238310 23-Construction		6. Brief description of the character of business conducted in Rhode Island Interior and Exterior Construction Servicing. Construction Management			
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 Mendez-Barajas			Vice-President Name Luis Mendez-Barajas		
Street Address 1 Felix Miranda Way			Street Address 1 Felix Miranda Way		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Secretary Name Luis Mendez-Barajas			Treasurer Name Luis Mendez-Barajas		
Street Address 1 Felix Miranda Way			Street Address 1 Felix Miranda Way		
City Providence	State RI	Zip 0294	City Providence	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Luis Mendez-Barajas			Director Name		
Street Address 1 Felix Miranda Way			Street Address		
City Providence	State RI	Zip 02904	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
			100		Common
			PAR VALUE		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. <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 Luis Mendez-Barajas <i>president</i>					Date 10/1/18
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

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