



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.

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 DIVISION

1. Entity ID Number 001673350		2. Exact name of the Corporation O&R Construction, Inc.			
3. Principal Office Address 64 Cottage Street			City Central Falls	State RI	Zip 02863
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island Residential and Commercial Construction.			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Otto R. Ochoa			Vice-President Name Otto R. Ochoa		
Street Address 64 Cottage Street			Street Address 64 Cottage Street		
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863
Secretary Name Otto R. Ochoa			Treasurer Name Otto R. Ochoa		
Street Address 64 Cottage Street			Street Address 64 Cottage Street		
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
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 VA. UF
		1,000		Common	NPV
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 Otto R. Ochoa				Date 12/13/2018	
Signature of Authorized Representative <i>Otto R. Ochoa</i>			SIGN DOCUMENT HERE		

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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FORM 630 - Revised: 10/2017

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