



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

Annual Report for the year: 2019
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 134077		2. Exact name of the Corporation A & Sons Realty, Inc.			
3. Principal Office Address 45 Park Place			City Pawtucket	State RI	Zip 02860
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island GENERAL CONTRACTING AND REMODELING OF BOTH RESIDENTIAL AND COMMERCIAL PROPERTY; SALE, RENOVATION, LEASE AND CONSTRUCTION OF BUILDINGS			
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 Victor M. Almeida			Vice-President Name Maria H. Almeida		
Street Address 62 President Lane			Street Address 45 Cambria Court		
City Palm Coast	State FL	Zip 32164	City Pawtucket	State RI	Zip 02860
Secretary Name Maria H. Almeida			Treasurer Name Victor M. Almeida		
Street Address 45 Cambria Court			Street Address 62 President Lane		
City Pawtucket	State RI	Zip 02860	City Palm Coast	State FL	Zip 32164
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Victor M. Almeida			Director Name		
Street Address 62 President Lane			Street Address		
City Palm Coast	State FL	Zip 32164	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
			20	COMMON	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. 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 VICTOR M. ALMEIDA				Date 2/13/2019	
Signature of Authorized Representative <i>Victor Almeida</i>					

RECEIVED
 SECRETARY OF STATE
 CORPORATION DIV
 FEB 22 PM 12:00

FILED

FEB 22 2019
 BY BM Y65
 AA 12:03 PM

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov