



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

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 SECRETARY OF STATE
 CORPORATIONS DIV.

2019 MAR 27 AM 11:15

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 000892385		2. Exact name of the Corporation WR CONSTRUCTION & DESIGN INC				
3. Principal Office Address 994 JEFFERSON ST			City FALL RIVER	State MA	Zip 02721	
4. NAICS Code 238190 23- CONSTRUCTION		6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION SERVICES				
5. State of Incorporation RI						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name WILTON C RIBEIRO			Vice-President Name			
Street Address 592 N MAIN ST			Street Address			
City FALL RIVER	State MA	Zip 02720	City	State	Zip	
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
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		CLASS/SERIES	PAR VALUE	
		100			\$1.0000	
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 WILTON C RIBEIRO				Date 03/25/2019		
Signature of Authorized Representative <i>Wilton C Ribeiro</i>				SIGN DOCUMENT HERE <i>Wilton C Ribeiro</i>		

MAIL TO:
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 Website: www.sos.ri.gov