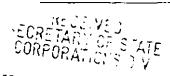
RI SOS Filing Number: 201991021630 Date: 4/24/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year:



2019 APR 24 AHII: 15

Corporation → Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.						
Entity ID Number 2 Exact name of the Corporation						
3. Principal Office Address 3. Principal Office Address 3. Results of the fall framing, INE.  WOONSOCKET FI 02895						
3. Principal Office Address		•	City		State	Zip
388 ELM 8	<b>ブ</b>		Magy	150cmet	K7	02895
4. NAICS Code 6 Brief description of the character of business conducted in Rhode Island						
238310 DRYWall and Hetal Franing						
5 State of Incorporation	1				J	
<i>た</i> ズ						
7. List ALL officers (names and add	resses)				he box to indicat	e an attachment 🔲
President Name FERNANDO LEJOSMA			Vice-President Name			
Streel Address E/M ST			Street Address			
City ,	State PI	Zip . A som	City		State	Ζιp
10 01- 20 CI- 01	L FI	51819°	<u> </u>			
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	<del></del>	State	Zip
List ALL directors (names and addresses)			Check the box to indicate an attachment			
Director Name Director Name						
Street Address			Street Address			
City	State	Zip	City		State	Zip
Director Name		Director Name				
Street Address			Supplied to			
Street Address			Street Address			
City	State	Zip	City		State	Zıp
9. Shares Authorized	<u> </u>	10 Shares Issue	<u></u>	Charlet	ha hau ta sadiaat	lo an attachmant 🗇
This information is currently of record in the NUMBER OF S			CLASS/SERIES	ne box to indica:	e an attachment  PAR VALUE	
Department of State.		$\phi$				$\alpha$
Changes require an additional filing.						<del></del>
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					Date 4/24	/19
Signature of Authorized Representative						
111111111111111111111111111111111111111						
MAIL TO:  Division of Business Services  148 W. River Street Providence, Rhode Island 02904-2615						
Division of Business Services  148 W. River Street Providence, Rhode Island 02904-2615  SCUSHE  SCUSHE						
Phone: (401) 222-3040						

Website: www.sos.ri.gov