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BUS SCS DIV

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2019 SEP -6 P 3:46

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 <u>548236</u>		2. Exact name of the Corporation <u>Zeidy Construction Inc</u>	
3. Principal Office Address <u>640 Public St</u>		City <u>PROV.</u>	State <u>R.I.</u>
		Zip <u>02907</u>	
4. NAICS Code <u>2383 50</u>	6. Brief description of the character of business conducted in Rhode Island <u>CARPENTER</u>		
5. State of Incorporation <u>RHODE I</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>UBENRIO CABRERA</u>		Vice-President Name	
Street Address <u>640 Public St</u>		Street Address	
City <u>PROV.</u>	State <u>R.I.</u>	City	State
	Zip <u>02907</u>		Zip
Secretary Name <u>UBENRIO CABRERA</u>		Treasurer Name	
Street Address <u>640 Public St</u>		Street Address	
City <u>PROV.</u>	State <u>R.I.</u>	City	State
	Zip <u>02907</u>		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	City	State
	Zip		Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		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.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		<u>100</u>	<u>Common</u>
			<u>No par</u>
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 <u>UBENRIO CABRERA</u>			Date <u>9-6-19</u>
Signature of Authorized Representative 			

FILED

SEP 06 2019

BY VGUCC

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