



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

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 BUS SVCS DIV

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.

54 8236

1. Entity ID Number 548236		2. Exact name of the Corporation Zeidy Construction Inc			
3. Principal Office Address 640 Public St		City PROV.	State R.I.	Zip 02907	
4. NAICS Code 2383 50		6. Brief description of the character of business conducted in Rhode Island CARPENTER			
5. State of Incorporation RHODE I					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name UBENICIO CABRERA			Vice-President Name		
Street Address 640 Public St			Street Address		
City PROV.	State R.I.	Zip 02907	City	State	Zip
Secretary Name UBENICIO CABRERA			Treasurer Name		
Street Address 640 Public St			Street Address		
City PROV.	State R.I.	Zip 02907	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	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 UBENICIO CABRERA				Date 9-6-19	
Signature of Authorized Representative 				FILED	

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

SEP 06 2019
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