



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2020**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED STAMP

JAN 09 2020 FOR

BY 105283 OS

1. Entity ID Number 486543		2. Exact name of the Corporation Jorge Drywall Co., Inc.			
3. Principal Office Address 724 State Road			City Dartmouth	State MA	Zip 02747
4. NAICS Code 23 6118		6. Brief description of the character of business conducted in Rhode Island Drywall and Plaster			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jose Jorge			Vice-President Name		
Street Address 26 Azalea Drive			Street Address		
City Dartmouth	State MA	Zip 02747	City	State	Zip
Secretary Name			Treasurer Name Gloria Jorge		
Street Address			Street Address 26 Azalea Drive		
City	State	Zip	City Dartmouth	State MA	Zip 02747
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		PAR VALUE
			1,000		0
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 1/2/2020
SIGNATURE OF AUTHORIZED REPRESENTATIVE					
SIGN DOCUMENT HERE					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov