



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

JAN 13 2020

BY

20246 OS

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.

1 Entity ID Number 001685218		2 Exact name of the Corporation Pavao Building Services, Inc.			
3 Principal Office Address 607 Child Street			City Warren	State RI	Zip 02885
4 NAICS Code 531110 - Lessors of residential		6 Brief description of the character of business conducted in Rhode Island Real estate repairs and preservation			
5 State of Incorporation Rhode Island					
7 List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Walter M. Pavao			Vice President Name Elisabete L. Pavao		
Street Address 607 Child Street			Street Address 607 Child Street		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Secretary Name Elisabete L. Pavao			Treasurer Name Walter M. Pavao		
Street Address 607 Child Street			Street Address 607 Child Street		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
8 List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Walter M. Pavao			Director Name Elisabete L. Pavao		
Street Address 607 Child Street			Street Address 607 Child Street		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9 Shares Authorized 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.			10 Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 6,000	CLASS/SERIES Common	PAR VALUE 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 Walter M. Pavao				Date 12-19-19	
Signature of Authorized Representative <i>Walter M. Pavao</i>				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017