



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

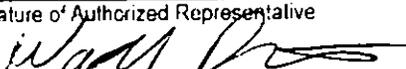
**FILED**

JAN 13 2020

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.

BY 20246 OS

1 Entity ID Number <b>001685218</b>		2 Exact name of the Corporation <b>Pavao Building Services, Inc.</b>			
3 Principal Office Address <b>607 Child Street</b>			City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>
4 NAICS Code <b>531110 - Lessors of residential</b>		6 Brief description of the character of business conducted in Rhode Island <b>Real estate repairs and preservation</b>			
5 State of Incorporation <b>Rhode Island</b>					
7 List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Walter M. Pavao</b>			Vice President Name <b>Elisabete L. Pavao</b>		
Street Address <b>607 Child Street</b>			Street Address <b>607 Child Street</b>		
City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>	City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>
Secretary Name <b>Elisabete L. Pavao</b>			Treasurer Name <b>Walter M. Pavao</b>		
Street Address <b>607 Child Street</b>			Street Address <b>607 Child Street</b>		
City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>	City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>
8 List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Walter M. Pavao</b>			Director Name <b>Elisabete L. Pavao</b>		
Street Address <b>607 Child Street</b>			Street Address <b>607 Child Street</b>		
City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>	City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9 Shares Authorized		10 Shares issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>6,000</b>		<b>Common</b>	<b>No Par</b>
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. <b>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.</b>					
Name of Authorized Representative <b>Walter M. Pavao</b>					Date <b>12-19-19</b>
Signature of Authorized Representative 			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