

FILED

FEB 03 2020



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 - Email: corporations@sos.ri.gov - Website: www.sos.ri.gov

BY

SOS4 DS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2020

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>3700</u>		2. Exact name of the Corporation <u>R. J. CARREIRO BUILDERS, INC.</u>	
3. Principal office address <u>4 OVERLOOK DRIVE</u>		City <u>BRISTOL</u>	State <u>RI</u>
4. Business Phone No. <u>1-401-253-5571</u>		5. State of Incorporation <u>RHODE ISLAND</u>	
6. Brief description of the character of business conducted in Rhode Island <u>CONSTRUCTION (212310)</u>			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>RAYMOND J. CARREIRO</u>		Vice-President Name <u>MARY M. CARREIRO</u>	
Street Address <u>4 OVERLOOK DRIVE</u>		Street Address <u>4 OVERLOOK DRIVE</u>	
City <u>BRISTOL</u>	State <u>RI</u>	City <u>BRISTOL</u>	State <u>RI</u>
Zip <u>02809</u>		Zip <u>02809</u>	
Secretary Name <u>MARY M. CARREIRO</u>		Treasurer Name <u>RAYMOND J. CARREIRO</u>	
Street Address <u>4 OVERLOOK DRIVE</u>		Street Address <u>4 OVERLOOK DRIVE</u>	
City <u>BRISTOL</u>	State <u>RI</u>	City <u>BRISTOL</u>	State <u>RI</u>
Zip <u>02809</u>		Zip <u>02809</u>	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <u>RAYMOND J. CARREIRO</u>		Director Name <u>MARY M. CARREIRO</u>	
Street Address <u>4 OVERLOOK DRIVE</u>		Street Address <u>4 OVERLOOK DRIVE</u>	
City <u>BRISTOL</u>	State <u>RI</u>	City <u>BRISTOL</u>	State <u>RI</u>
Zip <u>02809</u>		Zip <u>02809</u>	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES <u>600</u>	CLASS SERIES <u>COMMON</u>
		PAR VALUE <u>NO PAR</u>	

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.

Mary M. Carreiro 1-27-2020
Signature of Authorized Representative Date

MARY M. CARREIRO
Print or Type Name of Authorized Representative

File Date
Check No.
By
FOR SECRETARY OF STATE USE ONLY