



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.<sup>st</sup>

FILED

FEB 05 2020

12425

STAMP

FOR  
SECRETARY OF STATE  
USE ONLY

1. Entity ID Number <b>799559</b>		2. Exact name of the Corporation <b>Hernandez General Contractors, Inc.</b>			
3. Principal Office Address <b>392 School Street</b>			City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
4. NAICS Code <b>236115</b>		6. Brief description of the character of business conducted in Rhode Island <b>General Contractor</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Nicolas Hernandez</b>			Vice-President Name		
Street Address <b>392 School Street</b>			Street Address		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City	State	Zip
Secretary Name <b>Nicolas Hernandez</b>			Treasurer Name <b>Nicolas Hernandez</b>		
Street Address <b>392 School Street</b>			Street Address <b>392 School Street</b>		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>Nicolas Hernandez</b>			Director Name		
Street Address <b>392 School Street</b>			Street Address		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		<b>100</b>	<b>Common</b>	<b>No Par Value</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>Nicolas Hernandez</b>					Date <b>2/1/20</b>
Signature of Authorized Representative <b>Nicolas Hernandez</b>					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