



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

MAR 26 2020

BY

000116

1. Entity ID Number <u>001679301</u>		2. Exact name of the Corporation <u>Chacon's General Construction Inc.</u>	
3. Principal Office Address <u>27 Lotus PL</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02908</u>	
4. NAICS Code <u>236115</u>	6. Brief description of the character of business conducted in Rhode Island <u>Construction</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Julian Chacon</u>		Vice-President Name	
Street Address <u>27 Lotus PL</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City	State
	Zip <u>02908</u>		Zip
Secretary Name <u>Julian Chacon</u>		Treasurer Name	
Street Address <u>27 Lotus PL</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City	State
	Zip <u>02908</u>		Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Julian Chacon</u>		Director Name	
Street Address <u>27 Lotus PL</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City	State
	Zip <u>02908</u>		Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		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.		NUMBER OF SHARES	CLASS/SERIES
Changes require an additional filing.		<u>0</u>	<u>CN1</u>
			<u>.01</u>
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 <u>Julian Chacon</u>		Date <u>1:21pm</u>	<u>2/22/18</u>
Signature of Authorized Representative <u>[Signature]</u>		SIGN DOCUMENT HERE	