



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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R.I. DEPT. OF STATE
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SIA

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.

2020 MAR 27 P 2:54

1. Entity ID Number 000509498		2. Exact name of the Corporation R & D BUILDERS & REMODELING, LTD.			
3. Principal Office Address 60 FAITH STREET		City EAST PROVIDENCE		State RI	Zip 02914
4. NAICS Code 238350	6. Brief description of the character of business conducted in Rhode Island TO OPERATE A CARPENTRY & REMODELING CONTRACTING BUSINESS				
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 MIGUEL DeMEDEIROS			Vice-President Name MARCO P. RAPOSO		
Street Address 60 FAITH STREET			Street Address 21 PROVIDENCE AVENUE		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02915
Secretary Name MARCO P. RAPOSO			Treasurer Name MIGUEL DeMEDEIROS		
Street Address 21 PROVIDENCE AVENUE			Street Address 60 FAITH STREET		
City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MIGUEL DeMEDEIROS			Director Name MARCO P. RAPOSO		
Street Address 60 FAITH STREET			Street Address 21 PROVIDENCE AVENUE		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02915
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	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. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
200 SHARES			COMMON		
			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 MARCO P. RAPOSO (SECRETARY)					Date 1/30/2020
Signature of Authorized Representative 					FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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