



RI SOS Filing Number: 202038147850 Date: 4/21/2020 2:08:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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Annual Report for the year: **2019**
Corporation

2020 APR 21 P 2:07

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 001680343		2. Exact name of the Corporation HAROLD CONSTRUCTION INC			
3. Principal Office Address 109 STANSBURY STREET FL 2		City PROVIDENCE		State RI	Zip 02908
4. NAICS Code 238350		6. Brief description of the character of business conducted in Rhode Island ALL KIND OF REMODELING CONTRACTOR COMMERCIAL AND RESIDENTIAL.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name HAROLD A. LEYVA			Vice-President Name HAROLD A. LEYVA		
Street Address 109 STANSBURY ST FL 2			Street Address 109 STANSBURY ST FL 2		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
Secretary Name HAROLD A. LEYVA			Treasurer Name HAROLD A. LEYVA		
Street Address 109 STANSBURY ST FL 2			Street Address 109 STANSBURY ST FL 2		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name HAROLD A. LEYVA			Director Name		
Street Address 109 STANSBURY ST FL 2			Street Address		
City PROVIDENCE	State RI	Zip 02908	City	State	Zip
Director Name			Director Name		
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		
			100	COMMON	0
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 HAROLD A. LEYVA					Date 04/21/2020
Signature of Authorized Representative					

FILED

SIGN DOCUMENT HERE

APR 21 2020

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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FORM 630 - Revised: 10/2017