



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

Annual Report for the year: 2020  
 Corporation \_\_\_\_\_

**FILED**

**AUG 21 2020**

BY 3692 OS

- 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 001445431		2. Exact name of the Corporation ARRUDA BUILDERS, INC.				
3. Principal Office Address 140 ROMA STREET			City EAST PROVIDENCE	State RI	Zip 02914	
4. NAICS Code 238350		6. Brief description of the character of business conducted in Rhode Island FRAMING CONSTRUCTION CONTRACTOR				
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 LAUDELINO M. ARRUDA			Vice-President Name N/A			
Street Address 140 ROMA STREET			Street Address			
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip	
Secretary Name LAUDELINO M. ARRUDA			Treasurer Name LAUDELINO M. ARRUDA			
Street Address 140 ROMA STREET			Street Address 140 ROMA STREET			
City EAST PROVIDENCE	State RI	Zip 02914	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 LAUDELINO M. ARRUDA			Director Name N/A			
Street Address 140 ROMA STREET			Street Address			
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip	
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	
		100 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.						
<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 LAUDELINO M. ARRUDA					Date 8/18/2020	
Signature of Authorized Representative _____						

MAIL TO:  
 Division of Business Services  
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