



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2020  
CorporationRECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

STAMP

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

2020 SEP 29 AM 11:56

1. Entity ID Number <u>1684528</u>		2. Exact name of the Corporation <u>M &amp; F GENERAL Contractor Corporation</u>			
3. Principal Office Address <u>396 Maple St</u>			City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02888</u>
4. NAICS Code <u>236118</u>		6. Brief description of the character of business conducted in Rhode Island <u>GENERAL contractor (Construction)</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>MIGUEL A CRUZ</u>			Vice-President Name <u>FEDERICO A PLOW</u>		
Street Address <u>396 Maple St</u>			Street Address <u>396 Maple St</u>		
City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02888</u>	City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02888</u>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			<u>5</u>		
			<u>0.01</u>		
			<u>0</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>Miguel A Cruz</u>					Date <u>09/29/20</u>
Signature of Authorized Representative <u>[Signature]</u>					
SIGN DOCUMENT HERE					

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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FORM 630 - Revised: 02/2017