RI SOS Filing Number: 202061218440 Date: 10/5/2020 4:00:00 PM

State of Rhode Island

# 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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2020 OCT -5 AM 11:00

| 1. Entity ID Number | 2. Exact name of the Corporation | | |
|---|---|---|---|
| 104140 | Rui Construction, Inc. | | |
| 3. Principal Office Address | City | State | Zip |
| 210 Conant Street | Pawtucket | RI | 02860-0000 |
| 4. NAICS Code: 238990 | 6. Brief description of the character of business conducted in Rhode Island: General Contractor | | |
| 5. State of Incorporation: RI | | | |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Rui Pereira | 210 Conant Street | Pawtucket | RI | 02860- |

| Vice-President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Anna Pereira | 210 Conant Street | Pawtucket | RI | 02860- |

| Secretary Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Anna Pereira | 210 Conant Street | Pawtucket | RI | 02860- |

| Treasurer Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Rui Pereira | 210 Conant Street | Pawtucket | RI | 02860- |

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Rui Pereira | 210 Conant Street | Pawtucket | RI | 02860- |
| Anna Pereira | 210 Conant Street | Pawtucket | RI | 02860- |
| none | none | none | none | none |
| none | none | none | none | none |

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

| NUMBER OF SHARES | CLASS-SERIES | PAR VALUE |
|---|---|---|
| 480 | 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 | | Date |
|---|---|---|
| Rui Pereira | President | 9/29/2020 |

Signature of Authorized Representative

FILED
OCT 05 2020
BY WSD73
11:00

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