



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.

FILED

NOV 17 2020

2236

1. Entity ID Number 000097520		2. Exact name of the Corporation SCITUATE BUILDERS, INC.			
3. Principal Office Address 2 WEST STREET			City EAST PROVIDENCE	State RI	Zip 02914
4. NAICS Code 238990	6. Brief description of the character of business conducted in Rhode Island TO PERFORM CONSTRUCTION CONTRACT WORK WITH EMPHASIS ON PLASTERING AND REMODELING WORK AS WELL AS OTHER CONSTRUCTION SERVICES.				
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 JOSE LAMEIRO			Vice-President Name JOSE LAMEIRO		
Street Address 2 WEST STREET			Street Address 2 WEST STREET		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
Secretary Name JOSE LAMEIRO			Treasurer Name JOSE LAMEIRO		
Street Address 2 WEST STREET			Street Address 2 WEST 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 JOSE LAMEIRO			Director Name N/A		
Street Address 2 WEST 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			
This information is currently of record in the Department of State.  Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		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.					
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 JOSE LAMEIRO				Date NOVEMBER 5, 2020	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020