



State of Rhode Island
Department of State - Business Services Division

FILED

STAMP

Annual Report for the year: 2021

DEC 28 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.

BY 3548 DS

1. Entity ID Number 000146071		2. Exact name of the Corporation Goldmine Contractors, Inc.			
3. Principal Office Address 22 Goldmine Road			City Chepachet	State RI	Zip 02814
4. NAICS Code 238390		6. Brief description of the character of business conducted in Rhode Island to own and operate a business as a General Contractor			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert Estrela			Vice-President Name Kimberly Estrela		
Street Address 22 Goldmine Road			Street Address 22 Goldmine Road		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
Secretary Name Robert Estrela			Treasurer Name Kimberly Estrela		
Street Address 22 Goldmine Road			Street Address 22 Goldmine Road		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert Estrela			Director Name Kimberly Estrela		
Street Address 22 Goldmine Road			Street Address 22 Goldmine Road		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
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		PAR VALUE
			1000	STK	\$1.00
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 Robert Estrela				Date 12/21/20	
Signature of Authorized Representative <i>Robert Estrela</i>					