State of Rhode Island and Providence Plantations
Department of State – Business Services Division

FILED
STAMP
JAN 27 2021
BY 51868

ANNUAL REPORT FOR THE YEAR 2021

Corporation

→ **Filing Period:** January 1 - March 1
→ **Filing Fee:** $50.00
→ **Penalty:** Additional $25.00 fee if form is not filed by April 1

1. Corporate ID No.	2. Name of Corporation
000082609	Trac-Builders, Inc.

3. Street Address Principal Business Office	City	State	Zip
28 Wolcott Street	Providence	RI	02908

5. NAICS Code	5. State of Incorporation
236115	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
general contracting services

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Street Address	City	State	Zip
William E. Tracey	28 Wolcott Street	Providence	RI	02908

Vice President Name	Street Address	City	State	Zip
Nelson M. Ferreira	28 Wolcott Street	Providence	RI	02908

Secretary Name	Street Address	City	State	Zip
Judy A. Russell	28 Wolcott Street	Providence	RI	02908

Treasurer Name	Street Address	City	State	Zip
William E. Tracey	28 Wolcott Street	Providence	RI	02908

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Street Address	City	State	Zip
William E. Tracey	28 Wolcott Street	Providence	RI	02908

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) ☐

10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES - THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
300 shares	common	no par value

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

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.

Signature _____ Date 1.19.2021

William E. Tracey
Print or Type Name

President
Title

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