



State of Rhode Island

Department of State - Business Services Division

FILED

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.

FEB 05 2021
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1. Entity ID Number 95775		2. Exact name of the Corporation MADEIRA VENTURES, INC.			
3. Principal Office Address P.O. BOX 156			City CUMBERLAND	State RI	Zip 02864
4. NAICS Code 531120		6. Brief description of the character of business conducted in Rhode Island TO ACQUIRE BY PURCHASE, LEASE, OR OTHERWISE AND TO IMPROVE AND DEVELOP REAL PROPERTY.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name JOSEPH I. FERREIRA			Vice-President Name		
Street Address P.O. BOX 156			Street Address		
City CUMBERLAND	State RI	Zip 02864	City	State	Zip
Secretary Name JOSEPH I. FERREIRA			Treasurer Name MARIA M. COSTA		
Street Address P.O. BOX 156			Street Address P.O. BOX 156		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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 Check the box to indicate an attachment ☐			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIFS	PAR VALUE
		100		COMMON	\$0.00
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 JOSEPH I. FERREIRA				Date 2/2/21	
Signature of Authorized Representative 					