State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

FILED STAMP

FEB 10 2021 FOR

BY

1. Entity ID Number	2. Exact name of the Corporation		
148178	**JOHN ROSA CONSTRUCTION, INC.**		
3. Principal Office Address	City	State	Zip
395 Greenville Avenue	**Johnston**	**RI**	**02919**
4. NAICS Code: 238140	6. Brief description of the character of business conducted in Rhode Island		
5. State of Incorporation: **Rhode Island**	**To operate a masonry contracting business.**		

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

President Name			Vice-President Name		
Joao M. Rosa			**Joao M. Rosa**		
Street Address: **574 Manton Avenue**			Street Address: **574 Manton Avenue**		
City: **Providence**	State: **RI**	Zip: **02909**	City: **Providence**	State: **RI**	Zip: **02909**
Secretary Name: **Joao M. Rosa**			Treasurer Name: **Joao M. Rosa**		
Street Address: **574 Manton Avenue**			Street Address: **574 Manton Avenue**		
City: **Providence**	State: **RI**	Zip: **02909**	City: **Providence**	State: **RI**	Zip: **02909**

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

Director Name			Director Name		
Joao M. Rosa					
Street Address: **574 Manton Avenue**			Street Address:		
City: **Providence**	State: **RI**	Zip: **02909**	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

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
100	**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
Joao M. Rosa, President	

Signature of Authorized Representative

SIGN DOCUMENT HERE

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