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

FILED M.P
FEB 25 2021
BY

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. Entity ID Number	2. Exact name of the Corporation
36982	**Padula Builders, Inc.**

3. Principal Office Address	City	State	Zip
1430 Main Street	**West Warwick**	**RI**	**02893**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
236115	**Construction and sale of real estate.**
5. State of Incorporation	
Rhode Island	

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

President Name	Street Address	City	State	Zip
Stephen Padula	**1430 Main Street**	**West Warwick**	**RI**	**02893**

Vice-President Name	Street Address	City	State	Zip
Stephen P. Padula	**1430 Main Street**	**West Warwick**	**RI**	**02893**

Secretary Name	Street Address	City	State	Zip
Stephen P. Padula	**1430 Main Street**	**West Warwick**	**RI**	**02893**

Treasurer Name	Street Address	City	State	Zip
Ronald Padula	**1430 Main Street**	**West Warwick**	**RI**	**02893**

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

Director Name	Street Address	City	State	Zip
Stephen Padula	**1430 Main Street**	**West Warwick**	**RI**	**02893**

Director Name	Street Address	City	State	Zip
Barbara Padula	**1430 Main Street**	**West Warwick**	**RI**	**02893**

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**1,000**	**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
Stephen Padula	1/27/21

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

FORM 630 - Revised: 10/2017