

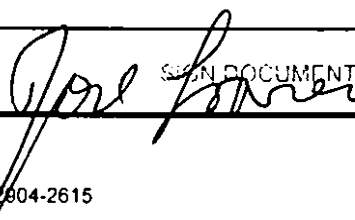


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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
FEB 26 2021
1563
STAMP
FOR SECRETARY OF STATE
USE ONLY

1. Entity ID Number 1680100		2. Exact name of the Corporation BLUE ISLAND CONSTRUCTION, Corp			
3. Principal Office Address 17 Vista Drive			City Rumford		State RI
					Zip 02916
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION AND REMODELING SERVICES.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Jose Soares			Vice-President Name Jose Soares		
Street Address 17 Vista Drive			Street Address 17 Vista Drive		
City Rumford	State RI	Zip 02916	City Rumford	State RI	Zip 02916
Secretary Name Sabrina V. Soares			Treasurer Name Jose Soares		
Street Address 17 Vista Drive			Street Address 17 Vista Drive		
City Rumford	State RI	Zip 02916	City Rumford	State RI	Zip 02916
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Jose Soares			Director Name Jose Soares		
Street Address 17 Vista Drive			Street Address 17 Vista Drive		
City Rumford	State RI	Zip 02916	City Rumford	State RI	Zip 02916
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/SERIES		
			PAR VALUE		
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 Jose Soares					Date 02-22-21
Signature of Authorized Representative 					SEEN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02804-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov