RI SOS Filing Number: 202193300800 Date: 2/26/2021 4:00:00 PM

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

FILED
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BY 1563
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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
1680100	**BLUE ISLAND CONSTRUCTION, Corp**

3. Principal Office Address	City	State	Zip
17 Vista Drive	**Rumford**	**RI**	**02916**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
236118	**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

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
500	**CNP**	**0**

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
Jose Soares	02-22-21

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