



State of Rhode Island

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.

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BUS SVCS DIV
2021 FEB 23 PM 12:07

1. Entity ID Number <u>000112403</u>		2. Exact name of the Corporation <u>Furnishing Details Construction LTD</u>	
3. Principal Office Address <u>125 Summit St</u>		City <u>E. Prov</u>	State <u>RI</u>
4. NAICS Code <u>999999</u>		6. Brief description of the character of business conducted in Rhode Island <u>Cleaning, Painting</u>	
5. State of Incorporation <u>RI</u>		7. List ALL officers (names and addresses) ☐ Check the box to indicate an attachment	
President Name <u>Margaret Regendes</u>		Vice-President Name <u>Same</u>	
Street Address <u>125 Summit St</u>		Street Address <u>Same</u>	
City <u>E. Prov.</u>	State <u>RI</u>	Zip <u>02914</u>	City <u>Same</u>
Secretary Name <u>Same</u>		Treasurer Name <u>Same</u>	
Street Address <u>Same</u>		Street Address <u>Same</u>	
City <u>Same</u>	State <u>RI</u>	Zip <u>02914</u>	City <u>Same</u>
8. List ALL directors (names and addresses) ☐ Check the box to indicate an attachment		9. Shares Authorized	
Director Name <u>Same</u>		10. Shares Issued ☐ Check the box to indicate an attachment	
Street Address <u>Same</u>		NUMBER OF SHARES <u>1066</u>	
City <u>Same</u>		CLASS/SERIES <u>0</u>	
Director Name <u>Same</u>		PAR VALUE <u>0</u>	
Street Address <u>Same</u>		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.	
City <u>Same</u>		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 <u>Margaret Regendes</u>		Date <u>2-23-2021</u>	
Signature of Authorized Representative <u>Margaret Regendes</u>		Date <u>2-28-2021</u>	

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

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FORM 630 - Revised: 08/2020