RI SOS Filing Number: 202193444540 Date: 3/1/2021 4:00:00 PM

State of Rhode Island Department of S			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.			_	MAR 0 1 2021			
1. Entity ID Number 54774	2. Exact nam	ne of the Corporatio	n				
3. Principal Office Address 42 Blundell Street					State RI	Z _I p 02905	
4 NAICS Code 23 - Construction 5. State of Incorporation Rhode Island	6. Brief description of the character of business conducted in Rhode Island Interior contractors, drywall, fire proofing, accoustical carpentry.						
7. List ALL officers (names and	addresses)				the box to r	indicate an attachment 🔲	
President Name Richard J. Rudis Street Address				Vice-President Name Michael Rudis Street Address 154 Courthouse Lane			
Street Address 168 Stillwater Ro				154 Courthouse La	State RI		
City Smithfield	StateRI	^{Zıp} 02917		City Pascoag		^{Zip} 02859	
Secretary Name Michael Rudis				Treasurer Name Richard J. Rudis			
Street Address 154 Courthouse Lane			Street Address	Street Address 168 Stillwater Road			
^{City} Pascoag	State RI	^{Zip} 02859	City Smithfie	City Smithfield		^{Zip} 02917	
List ALL directors (names and Director Name	d addresses)		Te . No.		the box to i	indicate an attachment	
NONE Street Address			Director Name	Street Address			
			Stiest voness	j.			
City	State	Zıp	City	City		7 ip	
Director Name	Director Name						
Street Address			Street Address	Street Address			
City	State	Zip	City		State	Zıp	
9. Sriares Authorized This information is currently of ra	ecord in the	10. Shares Iss		Check t		ndicate an attachment	
Department of State.		200	T Sironsy	Common			
Changes require an additional filing.							
11 This report must be executed	d on behalf of the	corporation by an a	authorized repres	entative. If the corpor	ration is in t	the hands of a receiver or	
trustee, this report must be executed under penalty of perjury, I decistatements, and that all states	clare and affirm t	that I have examin	ed this report, in		panying s	chedules and	
statements, and that all staten Name of Authorized Representa	la correct.	Date					
Richard J. Rudis							
Signature of Authorized Represe	antative Rude	SIGN DO	CUMENT HERE				

Division of Business Services
148 W. River Street. Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

Website: www.sos ri gov