State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

FILED

MAR 1 2021

7516

→ 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			
160431	M & M GENERAL CONTRACTORS, INC.			
3. Principal Office Address		City	State	Zip
20 HARRISON STREET		BRISTOL	RI	02809
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
238990	TO OPERATE A CONSTRUCTION COMPANY			
5. State of Incorporation				
RI				

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

President Name: EMMANUEL PIMENTEL			Vice-President Name: EMMANUEL PIMENTEL		
Street Address: 20 HARRISON STREET			Street Address: 20 HARRISON STREET		
City: BRISTOL	State: RI	Zip: 02809	City: BRISTOL	State: RI	Zip: 02809
Secretary Name: EMMANUEL PIMEMTEL			Treasurer Name: EMMANUEL PIMENTEL		
Street Address: 20 HARIISON STREET			Street Address: 20 HARRISON STREET		
City: BRISTOL	State: RI	Zip: 02809	City: BRISTOL	State: RI	Zip: 02809

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

Director Name: EMMANUEL PIMENTEL			Director Name		
Street Address: 20 HARRISON STREET			Street Address		
City: BRISTOL	State: RI	Zip: 02809	City	State	Zip
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
100	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
EMMANUEL PIMENTEL	1/13/21
Signature of Authorized Representative	1/13/21

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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: 08/2020