

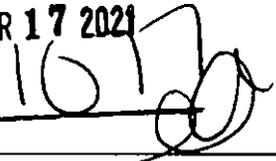
State of Rhode Island
Department of State - Business Services Division

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.

FILED

MAR 17 2021

BY 

| | | | | | |
|---|-------------|---|---|--------------|---|
| 1. Entity ID Number 001671290 | | 2. Exact name of the Corporation FONSECA REMODELING & PAINTING, INC. | | | |
| 3. Principal Office Address 60 FORBES STREET | | | City RIVERSIDE | State RI | Zip 02915 |
| 4. NAICS Code 238900 | | 6. Brief description of the character of business conducted in Rhode Island | | | |
| 5. State of Incorporation RI | | REMODELING & PAINTING | | | |
| 7. List ALL officers (names and addresses) | | | | | Check the box to indicate an attachment |
| President Name NEUSA FONSECA | | | Vice-President Name HONORIO NASCIMENTO FONSECA | | |
| Street Address 60 FORBES STREET | | | Street Address 60 FORBES STREET | | |
| City RIVERSIDE | State RI | Zip 02915 | City RIVERSIDE | State RI | Zip 02915 |
| Secretary Name NEUSA FONSECA | | | Treasurer Name HONORIO NASCIMENTO FONSECA | | |
| Street Address 60 FORBES STREET | | | Street Address 60 FORBES STREET | | |
| City RIVERSIDE | State RI | Zip 02915 | City RIVERSIDE | State RI | Zip 02915 |
| 8. List ALL directors (names and addresses) | | | | | Check the box to indicate an attachment |
| Director Name HONORIO NASCIMENTO FONSECA | | | Director Name NEUSA FONSECA | | |
| Street Address 60 FORBES STREET | | | Street Address 60 FORBES STREET | | |
| City RIVERSIDE | State RI | Zip 02915 | City RIVERSIDE | State RI | Zip 02915 |
| Director Name HONORIO NASCIMENTO FONSECA | | | Director Name | | |
| Street Address 60 FORBES STREET | | | Street Address | | |
| City RIVERSIDE | State RI | Zip 02915 | City | State | Zip |
| 9. Shares Authorized | | 10. Shares Issued | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | | CLASS/SERIES | PAR VALUE |
| | | 100 | | COMMON | |
| | | | | | |
| 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 |
| Signature of Authorized Representative NEUSA M. FONSECA | | | | | |

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