RI SOS Filing Number: 202194692850 Date: 3/17/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
MAR 17 2021
4507

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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		
110705	Medeiros Home Improvement, Inc.		
3. Principal Office Address	City	State	Zip
20 Franca Drive	Bristol	RI	02809
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
238320	To carry on the general business of painting, staining, priming outside or inside surfaces of buildings and other structures, and to engage in the business of general contracting. Title: 7.1-1-51		
5. State of Incorporation			
RI			

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

President Name: Carlos F. Medeiros			Vice-President Name: Maria T. Medeiros		
Street Address: 20 Franca Drive			Street Address: 20 Franca Drive		
City: Bristol	State: RI	Zip: 02809	City: Bristol	State: RI	Zip: 02809
Secretary Name: Maria T. Medeiros			Treasurer Name: Carlos F. Medeiros		
Street Address: 20 Franca Drive			Street Address: 20 Franca Drive		
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: Carlos F. Medeiros			Director Name: Maria T. Medeiros		
Street Address: 20 Franca Drive			Street Address: 20 Franca Drive		
City: Bristol	State: RI	Zip: 02809	City: Bristol	State: RI	Zip: 02809
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
2,000	Common	No Par
1,000	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
Carlos F. Medeiros	2/23/21

Signature of Authorized Representative
* Carlos F. Medeiros

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