RI SOS Filing Number: 202194966960 Date: 3/25/2021 4:00:00 PM

State of Rhode Island and Department of Sta			Division				
Arenual Report for the year: 2021 Corporation					STAMP		
 → Filing period. January 1 - N → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee 			DY	MAR 25 2021			
1. Entity ID Number	2. Exact name of the Corporation						
000138130 Steven DeCubellis Carpentry Service Corp.							
3. Principal Office Address 44 DeCubellis Court			City Chepachet		State RI	Zip 02814	
4. NAICS Code	6. Brief descr	6. Brief description of the character of business cond			and		
236118	Residential construction and remodeling.						
5. State of Incorporation							
Rhode Island							
7. List ALL officers (names and addresses) Check the box to indicate an attachme							
President Name Steven DeCubellis			Vice-r-resident	Vice-Fresident Name			
Street Address 44 DeCubellis Court			Street Address				
Crity Chepachet	State RI	Zip 02814	City		State	Zip	
Secretary Name Steven DeCubellis	<u> </u>	L	Treasurer Nam	Treasurer Name Steven DeCubellis			
Street Address 44 DeCubellis Cou	Street Address	Street Address 44 DeCubellis Court					
City Chepachet	State RI	Žip 02814	City Chepachet		State RI	^{Zip} 02814	
8. List ALL directors (names and a	ddresses)		IO stor Norma	Check t	he box to ir	ndicate an attachment	
Director Name Steven DeCubellis			Director Name				
Street Address 44 DeCubellis Cou	Street Address						
City Chepachet	State RI	Zip 02814	City	City		Zip	
Director Name	•		Director Name		-		
Street Address	Street Address						
City	State	Zip	City		State	Zıp	
Shares Authorized		10. Shares Iss		Check t		ndicate an attachment PAR VALUE	
This information is currently of record in the Department of State. Changes require an additional filling.		1,000			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		
Steven DeCubellis						3-23-2/	
Signature of Authorized Representative SIGN DOCUMENT HERE							
MAIL TO:							

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov