



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2021

MAR 25 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.

BY 2211

1. Entity ID Number 48055		2. Exact name of the Corporation R.S. COELHO BUILDERS, INC.			
3. Principal Office Address 260 West Exchange Street, Suite 202			City Providence	State RI	Zip 02903
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island Construction			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Robert S. Coelho			Vice-President Name Jonathan M. Coelho		
Street Address <del>156 Touisset Road</del> 11 Central Ave			Street Address <del>156 Touisset Road</del> 11 Central Ave		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Secretary Name <del>Robert S. Coelho, II</del> R. Shawn Coelho II			Treasurer Name Julie A. Coelho		
Street Address <del>156 Touisset Road</del> 11 Central Ave			Street Address <del>156 Touisset Road</del> 11 Central Ave		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
		101		Common	No Par Value
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 Robert S. Coelho				Date 3/15/21	
Signature of Authorized Representative 					

MAIL TO:  
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