RI SOS Filing Number: 202195223800 Date: 4/1/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

STAMP

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.

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BUS SVCS DIV
2021 APR -1 A 11:08

1. Entity ID Number	2. Exact name of the Corporation
505136	Commerce Construction, Inc.

3. Principal Office Address	City	State	Zip
361 Atwells Ave Unit 4	Providence	RI	02903

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531100	To Purchase, develop, improve and sell real estate
5. State of Incorporation	
Rhode Island	

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

President Name: Salvatore Eacuello Jr			Vice-President Name		
Street Address: 361 Atwells Ave Unit 4			Street Address		
City: Providence	State: RI	Zip: 02903	City	State	Zip
Secretary Name: Salvatore Eacuello Jr			Treasurer Name		
Street Address: 361 Atwells Ave Unit 4			Street Address		
City: Providence	State: RI	Zip: 02903	City	State	Zip

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

Director Name: Salvatore Eacuello Jr			Director Name		
Street Address: 361 Atwells Ave Unit 4			Street Address		
City: Providence	State: RI	Zip: 02903	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
200	Common Stock	$.01

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
Salvatore Eacuello, Jr.	02-15-2021

Signature of Authorized Representative: Salvatore Eacuello

FILED

APR 01 2021

BY 13KG05

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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