



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.

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BUS SVCS DIV  
2021 MAY 14 PM 1:06

1. Entity ID Number <b>001694317</b>		2. Exact name of the Corporation <b>Encore Contracting Services, Inc</b>			
3. Principal Office Address <b>0 Farley Street Unit 7</b>		City <b>Lawrence</b>		State <b>MA</b>	Zip <b>01843</b>
4. NAICS Code <b>563910</b>		6. Brief description of the character of business conducted in Rhode Island <b>Environmental Remediation &amp; Construction Services</b>			
5. State of Incorporation <b>MA</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Facundo Bergallo</b>			Vice-President Name <b>None</b>		
Street Address <b>10 Autumn Lane</b>			Street Address		
City <b>Methuen</b>	State <b>MA</b>	Zip <b>01844</b>	City	State	Zip
Secretary Name <b>None</b>			Treasurer Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<b>275,000</b>	<b>N/A</b>	<b>0.00</b>	
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. <b>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.</b>					
Name of Authorized Representative <b>Ivana Capellan</b>				Date <b>5-11-2021</b>	
Signature of Authorized Representative <b>Ivana Capellan</b>					

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

**FILED** <sup>m</sup>  
MAY 14 2021  
BY CA R42DX  
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