



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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R.I. DEPT. OF STATE  
BUS SVCS DIV

2021 JUN 23 P 4:05

1. Entity ID Number <b>001666029</b>		2. Exact name of the Corporation <b>RHODE ISLAND EN CONSTRUCTION INC</b>			
3. Principal Office Address 70 TERRACE AVENUE			City PROVIDENCE	State RI	Zip 02909
4. NAICS Code 238130		6. Brief description of the character of business conducted in Rhode Island BUILDING WOOD FRAMES OF THE HOUSES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name EDGAR TISTA			Vice-President Name YECENIA E ALVARADO SOTO		
Street Address 70 TERRACE AVENUE			Street Address 39 STERLING AVENUE 3RD FLOOR		
City PROVIDENCE	State RI	Zip 029096	City PROVIDENCE	State RI	Zip 02909
Secretary Name EDGAR TISTA			Treasurer Name YECENIA E ALVARADO SOTO		
Street Address 70 TERRACE AVENUE			Street Address 39 STERLING AVENUE 3RD FLOOR		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name EDGAR TISTA			Director Name YECENIA E ALVARADO SOTO		
Street Address 70 TERRACE AVENUE			Street Address 39 STERLING AVENUE 3RD FLOOR		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
Director Name			Director Name		
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	
		75		CNP	
				PAR VALUE \$0.0000	
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 EDGAR TISTA				Date 06/22/2021	
Signature of Authorized Representative <i>Edgar Tista</i>					

**FILED**

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

**JUN 23 2021**

BY *KL CCHDM*  
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