



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.

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.

2021 JUL -2 P 12: 30

1. Entity ID Number 000509498		2. Exact name of the Corporation R & D BUILDERS & REMODELING, LTD.			
3. Principal Office Address 60 FAITH STREET			City EAST PROVIDENCE	State RI	Zip 02914
4. NAICS Code 238350		6. Brief description of the character of business conducted in Rhode Island TO OPERATE A CARPENTRY & REMODELING CONTRACTING BUSINESS			
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 MIGUEL DeMEDEIROS			Vice-President Name MARCO P. RAPOSO		
Street Address 60 FAITH STREET			Street Address 21 PROVIDENCE AVENUE		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02915
Secretary Name MARCO P. RAPOSO			Treasurer Name MIGUEL DeMEDEIROS		
Street Address 21 PROVIDENCE AVENUE			Street Address 60 FAITH STREET		
City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MIGUEL DeMEDEIROS			Director Name MARCO P. RAPOSO		
Street Address 60 FAITH STREET			Street Address 21 PROVIDENCE AVENUE		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02915
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SER ES
			200 SHARES	COMMON	NO PAR
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. <i>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.</i>					
Name of Authorized Representative MARCO P. RAPOSO (SECRETARY)				Date JUNE 11, 2021	
Signature of Authorized Representative <i>Marco Raposo</i>					

FILED

JUL 02 2021

BY CA #1303

12:30

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