



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2021**
Corporation

STAFF

→ 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 JUL -2 P 12:30

1. Entity ID Number 001673129		2. Exact name of the Corporation C. LINHARES BUILDER CORP.	
3. Principal Office Address 48 UNITY AVENUE		City EAST PROVIDENCE	State RI
		Zip 02914	
4. NAICS Code 236118	6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION REMODELING		
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 CARLOS A. LINHARES		Vice-President Name CARLA BARBOSA LINHARES	
Street Address 48 UNITY AVENUE		Street Address 48 UNITY AVENUE	
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE
			State RI
			Zip 02914
Secretary Name CARLA BARBOSA LINHARES		Treasurer Name CARLOS A. LINHARES	
Street Address 48 UNITY AVENUE		Street Address 48 UNITY AVENUE	
City EAST PROVIDENCE	State RI	Zip 02914	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 CARLOS A. LINHARES		Director Name CARLA BARBOSA LINHARES	
Street Address 48 UNITY AVENUE		Street Address 48 UNITY AVENUE	
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE
			State RI
			Zip 02914
Director Name N/A		Director Name N/A	
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 <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		1,000 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. 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 CARLOS A. LINHARES		Date 6/30/2021	
Signature of Authorized Representative <i>Carlos A. Linhares</i>		FILED <i>C</i>	