



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

STAMP

2021 JUL -8 PM 2:12

1. Entity ID Number 000608487		2. Exact name of the Corporation EFFICIENCY INC.												
3. Principal Office Address 33 PETTACONSETT AVE.			City WARWICK	State R.I.	Zip 02888									
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island GENERAL CONTRACTING CONSTRUCTION												
5. State of Incorporation R.I.														
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>									
President Name LUCAS G. SILVA			Vice-President Name											
Street Address 33 PETTACONSETT AVE.			Street Address											
City WARWICK	State R.I.	Zip 02888	City	State	Zip									
Secretary Name			Treasurer Name LUCAS G. SILVA											
Street Address			Street Address 33 PETTACONSETT AVE.											
City	State	Zip	City WARWICK	State R.I.	Zip 02888									
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares Issued												
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>												
Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100					
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100														
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 LUCAS G. SILVA				Date 7/8/2021										
Signature of Authorized Representative <i>Lucas G. Silva</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

JUL 08 2021

KL ZBB09
2:12

FORM 630 - Revised: 08/2020