



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 AUG -3 P 12:55

1. Entity ID Number 001684747		2. Exact name of the Corporation ABATEMENT PRO AND DEMO, INC			
3. Principal Office Address 6 PERRY AVE			City LAWRENCE	State MA	Zip 01841
4. NAICS Code <b>236118</b>		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE BUSSINESS OF GENERAL CONTRACTING SPECIALIZING IN ASBESTOS REMOVAL/ COMMERCIAL ONLY.			
5. State of Incorporation MASSACHUSETT					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					
President Name EURINSON D FELIZ			Vice-President Name RANDY FELIZ		
Street Address 6 PERRY AVE			Street Address 6 PERRY AVE		
City LAWRENCE	State MA	Zip 01841	City LAWRENCE	State MA	Zip 01841
Secretary Name RANDY FELIZ			Treasurer Name RANDY FELIZ		
Street Address 6 PERRY AVE			Street Address 6 PERRY AVE		
City LAWRENCE	State MA	Zip 01841	City LAWRENCE	State MA	Zip 01841
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					
Director Name EURINSON D FELIZ			Director Name RANDY FELIZ		
Street Address 6 PERRY AVE			Street Address 6 PERRY AVE		
City LAWRENCE	State MA	Zip 01841	City LAWRENCE	State MA	Zip 01841
Director Name NONE			Director Name NONE		
Street Address NONE			Street Address NONE		
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment</span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
				PAR VALUE	
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 <b>EURINSON D FELIZ</b>				Date 07/30/2021	
Signature of Authorized Representative <i>EURINSON D FELIZ</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

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BY **DAGK7**  
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