



State of Rhode Island

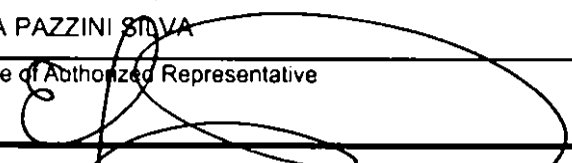
Department of State - Business Services Division

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 10 AM 8:33

1. Entity ID Number 001687273			2. Exact name of the Corporation EEG BUILDERS INC		
3. Principal Office Address 75 POND STREET			City SWANSEA	State MA	Zip 02777
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island RESIDENTIAL AND COMMERCIAL CONSTRUCTION SERVICES			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name JEFFERSON ROMANO			Vice-President Name JEFFERSON ROMANO		
Street Address 75 POND STREET			Street Address 75 POND STREET		
City SWANSEA	State MA	Zip 02777	City SWANSEA	State MA	Zip 02777
Secretary Name JEFFERSON ROMANOQ			Treasurer Name JEFFERSON ROMANO		
Street Address 75 POND STREET			Street Address 75 POND STREET		
City SWANSEA	State MA	Zip 02777	City SWANSEA	State MA	Zip 02777
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name JEFFERSON ROMANO			Director Name		
Street Address 75 POND STREET			Street Address		
City SWANSEA	State MA	Zip 02777	City	State	Zip
Director Name			Director Name		
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 ☐		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	CWP	\$1.00
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 ELIANA PAZZINI SILVA					Date 08/03/2021
Signature of Authorized Representative 					

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 **9042VK1**