RI SOS Filing Number: 202100050570 Date: 8/10/2021 8:35:00 AM

State of Rhode Island
Department of State - Business Services Division

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2021 AUG 10 AM 8:33

Annual Report for the year: 2020
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation			
001687273	EFG BUILDERS INC			
3. Principal Office Address		City	State	Zip
75 POND STREET		SWANSEA	MA	02777
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
236118	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 — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

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	Date
ELIANA PAZZINI SILVA	08/03/2021

Signature of Authorized Representative

FILED
AUG 10 2021 8:35
BY

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