



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.

1. Entity ID Number 001708382		2. Exact name of the Corporation Cedar Coast Construction Inc.			
3. Principal Office Address 2 Shamrock Ct.			City Bristol	State RI	Zip 02809
4. NAICS Code 236110		6. Brief description of the character of business conducted in Rhode Island Residential Building Construction			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jeffrey Borgueta			Vice-President Name Jeffrey Borgueta		
Street Address 2 Shamrock Ct			Street Address 2 Shamrock Ct		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Jeffrey Borgueta			Treasurer Name Jeffrey Borgueta		
Street Address 2 Shamrock Ct			Street Address 2 Shamrock Ct		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jeffrey Borgueta			Director Name none		
Street Address 2 Shamrock Ct			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Director Name none			Director Name none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			100	CWP	0.01
			none		
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 Jeffrey Bourgueta					Date 11/4/2021
Signature of Authorized Representative 					

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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FORM 630 - Revised: 08/2020