



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2022 AUG 26 - 2:08

1. Entity ID Number 001704777		2. Exact name of the Corporation ZACAPA CONSTRUCTION CORP.	
3. Principal Office Address 224 Hollis Street		City Frammingham	State MA
		Zip 01702	
4. NAICS Code 236118	6. Brief description of the character of business conducted in Rhode Island Siding installation finish carpentry		
5. State of Incorporation MA			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name DAVID O. GOMEZ FLORES		Vice-President Name DAVID O. GOMEZ FLORES	
Street Address 40 Charles St		Street Address 40 Charles St	
City Frammingham	State MA	City Frammingham	State MA
Zip 01702		Zip 01702	
Secretary Name BEASSY J. VELETZKY		Treasurer Name	
Street Address 40 Charles St		Street Address	
City Frammingham	State MA	City	State
Zip 01702		Zip	
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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES 275,000	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE 0	
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 BEASSY J. VELETZKY		Date 8/26/2022	
Signature of Authorized Representative <i>Beassy Veletzky</i>			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

 AUG 26 2022
 BY TXIW

FORM 630 - Revised: 11/2021