



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

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FOR
 SECRETARY OF STATE
 USE ONLY

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001694317		2. Exact name of the Corporation Encore Contracting Services, Inc.			
3. Principal Office Address 0 Farley Street Unit #1			City Lawrence	State MA	Zip 01843
4. NAICS Code 562910		6. Brief description of the character of business conducted in Rhode Island Environmental Remediation & Construction Services.			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Facundo Bergallo			Vice-President Name N/A		
Street Address 10 Autumn Lane			Street Address		
City Methuen	State MA	Zip 01844	City	State	Zip
Secretary Name N/A			Treasurer Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
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/FRILS	
		PAR VALUE			
		275,000	N/A	0.00	
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 Maritza Pimentel				Date 1/9/2023	
Signature of Authorized Representative <i>M. Pimentel</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

JAN 10 2023

BY *JBAT*
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