



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

 RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

2023 JAN 26 AM 10:15

1. Entity ID Number 001724905		2. Exact name of the Corporation Loja General Construction Inc.									
3. Principal Office Address 75 Railroad ave			City Johnston	State RI	Zip 02919						
4. NAICS Code 236220		6. Brief description of the character of business conducted in Rhode Island construction									
5. State of Incorporation Rhode Island											
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
President Name Manuel Loja Guaman			Vice-President Name								
Street Address 75 Railroad ave.			Street Address								
City Johnston	State RI	Zip 02919	City	State	Zip						
Secretary Name			Treasurer Name								
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			Director Name								
Street Address			Street Address								
City	State	Zip	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 <input type="checkbox"/>								
This information is currently of record in the Department of State.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>CWP</td> <td>0.0100</td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	CWP	0.0100
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
100	CWP	0.0100									
Changes require an additional filing.											
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 Manuel Loja R				Date 01-26-2023							
Signature of Authorized Representative Manuel Loja R				FILED							

JAN 26 2023

BY ML KETZD

10:17