



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.

FEB 06 2023

8379

1. Entity ID Number 734996		2. Exact name of the Corporation ALMEIDA CONTRACTING CORPORATION												
3. Principal Office Address 6 Brayton Woods Drive			City Rehoboth	State MA	Zip 02769									
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island General contracting and construction												
5. State of Incorporation Massachusetts														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Kevin Almeida			Vice-President Name None											
Street Address 6 Brayton Woods Drive			Street Address											
City Rehoboth	State MA	Zip 02769	City	State	Zip									
Secretary Name Beverly Almeida			Treasurer Name Kevin Almeida											
Street Address 297 Pleasant Street			Street Address 6 Brayton Woods Drive											
City Seekonk	State MA	Zip 02771	City Rehoboth	State MA	Zip 02769									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Kevin Almeida			Director Name None											
Street Address 6 Brayton Woods Drive			Street Address											
City Rehoboth	State MA	Zip 02769	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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>Common</td> <td>\$1.00 Par Val</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	Common	\$1.00 Par Val			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
200	Common	\$1.00 Par Val												
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 Kevin Almeida				Date 2/1/23										
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