



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

FEB 06 2023

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8379

- 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 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) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State. Changes require an additional filing.		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. <b>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.</b>					
Name of Authorized Representative Kevin Almeida				Date 2/1/23	
Signature of Authorized Representative 					

MAIL TO:  
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