



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Business Corporation  
Annual Report**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2023

**1. Corporate ID No.** 000136048

**2. Name of Corporation** AID HOME IMPROVEMENT INC.

**3. Street Address Principal Business Office:**

No. and Street: 66 KENDALL STREET

City or Town: CENTRALFALLS

State: RI

Zip: 02863

Country: USA

**4. Business Phone No.**

4012658728

**5. State of Incorporation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

236115

**6. Brief Description of the Character of Business Conducted in Rhode Island**

BUILD HOMES AND REHAB

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.**

| Title | Individual Name | Address |
|-------|-----------------|---------|
|-------|-----------------|---------|

|               | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country  |
|---------------|-----------------------------|--|
| PRESIDENT     | ALBERT P. AMADO             | 66 KENDALL STREET<br>CENTRAL FALLS, RI 02863 USA |
| PRESIDENT     | ALBERT PIRES AMADO          | 66 KENDALL STREET<br>CENTRALFALLS, RI 02863 USA  |
| OTHER OFFICER | ALBERT PIRES AMADO M        | 66 KENDALL STREET<br>CENTRALFALLS, RI 02863 UNI  |

#### 8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized Shares<br><i>Number of Shares</i> | Total Issued and Outstanding<br><i>Num of Shares</i> |
|----------------|-----------------|---------------------|--|--|
| CNP            |                 | \$0.0000            | 100.00   | 100  |

**9. 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.**

**Signed this 25 Day of February, 2023 at 3:19:16 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By ALBERT PIRES AMADO

Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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