

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

MAR 07 2023

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1. Entity ID Number 001671290		2. Exact name of the Corporation FONSECA REMODELING & PAINTING, INC.			
3. Principal Office Address 60 FORBES STREET			City RIVERSIDE	State RI	Zip 02915
4. NAICS Code 238900	6. Brief description of the character of business conducted in Rhode Island				
5. State of Incorporation RI	REMODELING & PAINTING				
7. List ALL officers (names and addresses)					Check the box to indicate an attachment
President Name NEUSA M. FONSECA			Vice-President Name HONORIO NASCIMENTO FONSECA		
Street Address 60 FORBES STREET			Street Address 60 FORBES STREET		
City RIVERSIDE	State RI	Zip 02915	City RIVERSIDE	State RI	Zip 02915
Secretary Name NEUSA M. FONSECA			Treasurer Name HONORIO NASCIMENTO FONSECA		
Street Address 60 FORBES STREET			Street Address 60 FORBES STREET		
City RIVERSIDE	State RI	Zip 02915	City RIVERSIDE	State RI	Zip 02915
8. List ALL directors (names and addresses)					Check the box to indicate an attachment
Director Name HONORIO NASCIMENTO FONSECA			Director Name NEUSA M. FONSECA		
Street Address 60 FORBES STREET			Street Address 60 FORBES STREET		
City RIVERSIDE	State RI	Zip 02915	City RIVERSIDE	State RI	Zip 02915
Director Name HONORIO NASCIMENTO FONSECA			Director Name		
Street Address 60 FORBES STREET			Street Address		
City RIVERSIDE	State RI	Zip 02915	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment			
		NUMBER OF SHARES		CLASS/SERIES	
		100		COMMON	
				PAR VALUE	
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					Date
Signature of Authorized Representative NEUSA M. FONSECA					3-4-23

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov