



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: **2023**  
CorporationR.I.  
BRECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIVRECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

2023 MAR 20 PM 3:24

2023 FEB 27 PM 2:50

1. Entity ID Number <b>000789809</b>		2. Exact name of the Corporation <b>YUPAS CONSTRUCTION INC</b>			
3. Principal Office Address <b>447 MASON ST</b>		City <b>WOONSOCKET</b>		State <b>RI</b>	
4. NAICS Code <b>238170</b>		6. Brief description of the character of business conducted in Rhode Island <b>ROOFING &amp; SIDING</b>			
5. State of Incorporation <b>MA</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>JOSE YUPA</b>			Vice-President Name		
Street Address <b>34 SOUTH BOW ST</b>			Street Address		
City <b>MILFORD</b>	State <b>MA</b>	Zip <b>01757</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <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		PAR VALUE
			1000		10.0000
			CLASS/SERIES		
			STK C		
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 <b>JOSE YUPA</b>					Date <b>02/14/2023</b>
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

FILED

MAR 29 2023  
BY DPC73  
AA 1:37 pm

FORM 630 - Revised: 2/2023