



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.

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 DEPT. OF STATE
 2023 APR -7 A 10:07

1. Entity ID Number 000879680		2. Exact name of the Corporation PATRIOT BUILDERS INCORPORATED			
3. Principal Office Address 140 Ten Rod Road		City Exeter	State RI	Zip 02822	
4. NAICS Code 236117		6. Brief description of the character of business conducted in Rhode Island Building and remodeling			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Armand Cortelleso		Vice-President Name None			
Street Address 140 Ten Rod Road		Street Address			
City Exeter	State RI	Zip 02822	City	State	Zip
Secretary Name Armand Cortelleso		Treasurer Name Armand Cortelleso			
Street Address 140 Ten Rod Road		Street Address 140 Ten Rod Road			
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None		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 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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		Common	No 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 Armand Cortelleso				Date 3/22/2023	
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

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 BY ML 29223
 FORM 630 - Revised: 11/2021