



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.

FILED
STAMP
 APR 21 2023
 BY 14260
 BS

1. Entity ID Number 000100507		2. Exact name of the Corporation New Age Builders Inc.			
3. Principal Office Address 58 Walcott Street			City Pawtucket	State RI	Zip 02860
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island To manage the construction, reconstruction, restoration & repair of residential & commercial buildings and structures.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Nick Paciorek			Vice-President Name		
Street Address 58 Walcott Street			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name Nick Paciorek			Treasurer Name Nick Paciorek		
Street Address 58 Walcott Street			Street Address 58 Walcott Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Nick Paciorek			Director Name		
Street Address 58 Walcott Street			Street Address		
City Pawtucket	State RI	Zip 02860	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
			900		Common
					PAR VALUE
					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 Nick Paciorek					Date 4/7/23
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