



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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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 MAY 22 A 11:05

1. Entity ID Number <u>001664573</u>		2. Exact name of the Corporation <u>Chas's Aguilar Construction Inc.</u>			
3. Principal Office Address <u>98 Catalpa Ave.</u>		City <u>Riverside</u>	State <u>R.I.</u>	Zip <u>02915</u>	
4. NAICS Code <u>332311</u>	6. Brief description of the character of business conducted in Rhode Island <u>Building of new & existing dwellings</u>				
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Christopher Aguilar</u>			Vice-President Name <u>Same</u>		
Street Address <u>58 Catalpa Ave.</u>			Street Address		
City <u>Riverside</u>	State <u>R.I.</u>	Zip <u>02915</u>	City	State	Zip
Secretary Name <u>Same</u>			Treasurer Name <u>Same</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>Christopher Aguilar</u>			Director Name		
Street Address <u>58 Catalpa Ave.</u>			Street Address		
City <u>Riverside</u>	State <u>R.I.</u>	Zip <u>02915</u>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<u>100</u>	<u>100</u>	<u>CNP</u>
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 <u>Chas's Aguilar</u>					Date <u>5/22/23</u>
Signature of Authorized Representative <u>[Signature]</u>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

MAY 22 2023
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