



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

RECEIVED  
RI DEPT. OF STATE  
BUS SERVICES

- Filing period: February 1 - May 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

2023 MAY 23 P 1:38

1. Entity ID Number <b>000000609</b>		2. Exact name of the Corporation <b>Alder Brook Builders, Inc.</b>	
3. Principal Office Address <b>1 Alder Brook Drive</b>		City <b>Cranston</b>	State <b>RI</b>
		Zip <b>02920</b>	
4. NAICS Code <b>236115</b>	6. Brief description of the character of business conducted in Rhode Island <b>General Contractors</b>		
5. State of Incorporation <b>RI</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>Emili Vaziri</b>		Vice-President Name <b>Barbara Megrdichian</b>	
Street Address <b>1 Alder Brook Drive</b>		Street Address <b>23 Alder Brook Dr</b>	
City <b>Cranston</b>	State <b>RI</b>	City <b>Cranston</b>	State <b>RI</b>
Zip <b>02920</b>		Zip <b>02920</b>	
Secretary Name <b>Emili Vaziri</b>		Treasurer Name <b>Barbara Megrdichian</b>	
Street Address <b>1 Alder Brook Dr</b>		Street Address <b>23 Alder Brook Dr</b>	
City <b>Cranston</b>	State <b>RI</b>	City <b>Cranston</b>	State <b>RI</b>
Zip <b>02920</b>		Zip <b>02920</b>	
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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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 <b>600</b>	CLASS/SER FS <b>0..00</b>
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>Emili Vaziri</b>		Date <b>5/23/23</b>	
Signature of Authorized Representative <b>C. D.</b>		<b>FILED</b>	

## 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 23 2023

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FORM 630- Revised: 04/2023