



**State of Rhode Island  
Department of State - Business Services Division**

Annual Report for the year: 2023  
Corporation

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R.I. DEPT. OF STATE  
BUS SERVICES  
2023 MAY 23 P 1:38

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

1. Entity ID Number <b>000000609</b>	2. Exact name of the Corporation <b>Alder Brook Builders, Inc.</b>
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3. Principal Office Address <b>1 Alder Brook Drive</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
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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) Check the box to indicate an attachment

President Name <b>Emili Vaziri</b>			Vice-President Name <b>Barbara Megrdochian</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>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
Secretary Name <b>Emili Vaziri</b>			Treasurer Name <b>Barbara Megrdochian</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>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>

8. List ALL directors (names and addresses) Check the box to indicate an attachment

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 Check the box to indicate an attachment

This information is currently of record in the Department of State.  Changes require an additional filing.	NUMBER OF SHARES	CLASS/SECS FS	PAR VALUE
	600		0.00

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 <b>Emili Vaziri</b>	Date <b>5/23/23</b>
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Signature of Authorized Representative 	<b>FILED</b>
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**MAIL TO:**  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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BY 4 MRFH FORM 630 - Revised 04/2023