



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

Annual Report for the year: 2022
Corporation

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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 000000609	2. Exact name of the Corporation Alder Brook Builders, Inc.
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3. Principal Office Address 1 Alder Brook Drive	City Cranston	State RI	Zip 02920
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4. NAICS Code 236115	6. Brief description of the character of business conducted in Rhode Island General Contractors
5. State of Incorporation RI	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Emili Vaziri			Vice-President Name Barbara Megrđichian		
Street Address 1 Alder Brook Drive			Street Address 23 Alder Brook Dr		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Emili Vaziri			Treasurer Name Barbara Megrđichian		
Street Address 1 Alder Brook Dr			Street Address 23 Alder Brook Dr		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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 <i>Emili Vaziri</i>	Date <i>5/23/23</i>
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Signature of Authorized Representative <i>C.V.</i>	FILED
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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.r.gov

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BY: 4MRFH