



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Corporation

2023

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R.I. DEPT. OF STATE
BUS. SVCS. DIV.

2023 JUN -7 P 4:30

- 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 576817		2. Exact name of the Corporation BOSTON MAX CONSTRUCTION INC	
3. Principal Office Address 252 Fifth St		City Fall River	State MA Zip 02721
4. NAICS Code 238350	6. Brief description of the character of business conducted in Rhode Island carpentry, residential and commercial		
5. State of Incorporation MA			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Angel Estrella		Vice-President Name	
Street Address 252 Fifth St		Street Address	
City Fall River	State MA	Zip 02721	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
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	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES 0	CLASS/SERIES STK
		PAR VALUE 1.00	
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 Angel Estrella		Date 6/7/23	
Signature of Authorized Representative		FILED	

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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FORM 630- Revised 04/2023