



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

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 JUN -7 P 4:30

1. Entity ID Number <u>576817</u>		2. Exact name of the Corporation <u>Boston Max construction INC</u>							
3. Principal Office Address <u>252 Fifth st</u>		City <u>Fall River</u>	State <u>MA</u>						
		Zip <u>02721</u>							
4. NAICS Code <u>238350</u>	6. Brief description of the character of business conducted in Rhode Island <u>carpentry, residential and commercial</u>								
5. State of Incorporation <u>MA</u>									
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>									
President Name <u>Angel Estrella</u>		Vice-President Name							
Street Address <u>252 Fifth st</u>		Street Address							
City <u>Fall River</u>	State <u>MA</u>	City	State						
	Zip <u>02721</u>		Zip						
Secretary Name		Treasurer Name							
Street Address		Street Address							
City	State	City	State						
	Zip		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	City	State						
	Zip		Zip						
Director Name		Director Name							
Street Address		Street Address							
City	State	City	State						
	Zip		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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><u>0</u></td> <td><u>STK</u></td> <td><u>1.00</u></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<u>0</u>	<u>STK</u>	<u>1.00</u>
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE							
<u>0</u>	<u>STK</u>	<u>1.00</u>							
Changes require an additional filing.									
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>Angel Estrella</u>			Date <u>6/7/23</u>						
Signature of Authorized Representative 									

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

FILED

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BY ML Y9W8E

FORM 630, Revised 04/2023