



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2018

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

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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 This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES <u>0</u>	CLASS/SERIES <u>STK</u>
			PAR VALUE <u>1.00</u>
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 			

FILED

MAIL TO:

Division of Business Services

140 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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BY ML

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FORM 630- Revised 04/2023