RI SOS Filing Number: 202339483260 Date: 7/14/2023 2:11:00 PM

Annual Report for the propertion → Filing period: January 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 1. Entity iD Number 000032652 3. Principal Office Address 93 Lake Drive	- March 1 0 fee if form is r 2. Exact ner R.A. Dec				S SVCS DIV	
→ Filing period: January 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 1. Entity iD Number 000032652 3. Principal Office Address	2. Exact ner R.A. Det	me of the Corporati	rs, iNc.	2023 JI	JL 14 P	2: 10
000032652 3. Principal Office Address	R.A. Dec	•	rs, iNc.			
3. Principal Office Address	6. Brief desc	cesare Builde				
			City			
			Chepachet	State R I	1	02814
4. NAICS Code	Paul Casta	6. Brief description of the chara				
5. State of Incorporation Rhode Island	- Califfa	Sales and Reside	ntial and Commercical (Construction		
						
7. List ALL officers (names and addresses) Prosident Name Roland Decesare			Check the box to indicate an attachment C			
Street Address 97 Lake Drive			Street Address			
City Chepschet	State RJ	^{Zip} 02814	City	State	Zip	-
Secretary Name			Treasurer Name			
Street Address		· · · · · · · · · · · · · · · · · · ·	Street Address			
City	State	Zip	City	Stato	Zip	
8. List ALL directors (names and	addresses)			Check the box	lo indicate an att	achment [
Director Name			Director Name			
Street Address			Street Address			
City	Stato	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	Siato	Zip	City	State	Zip	
9. Shares Authorized 10. Shares This Information is currently of record in the NUMBER				Check the box to	indicate an atta	chment 🔲
Department of State.		NONE	SHARES	CLASSISERIES	PAR VAI	.VE
Changes require an additional filing.					-	
1. This report must be executed	on behalf of the	corporation by an a	ulhorized representative	If the compression is to	the bendant -	
inder penally of perjury, I decid	neg an behell of ere end effirm (i	the corporation by t hat I have examine	he receiver or trustee. ed this report, including			
tatements, and that all statems Iame of Authorized Representation	ents contained : ve	nerein are true an	d correct.	Oate		
Roland DeCesare				الماد	1/4/23	L
Signature of Authorized Represen	itative	SIGN DOC	เปลูซิฟโลซิฟเ		· <u> </u>	
ALTO:	 -		FILED		·· <u> </u>	

148 W. River Street, Providence, Rhode lelend 02904-2815 Phone: (401) 222-3040 Website: www.sos.rl.gov

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FORM 830 - Revised: 10/2017