



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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R.I. DEPT. OF STATE  
BUS SVCS DIV

Annual Report for the year: **2022**  
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

2023 JUL 14 P 2:10

|   |   |   |                          |
|---|---|---|--------------------------|
| 1. Entity ID Number<br><b>000032652</b>   |   | 2. Exact name of the Corporation<br><b>R.A. DeCesare Builders, Inc.</b> |                          |
| 3. Principal Office Address<br><b>93 Lake Drive</b>   |   | City<br><b>Chepachet</b>  | State<br><b>RI</b>       |
|   |   | Zip<br><b>02814</b>   |                          |
| 4. NAICS Code<br><b>531390</b>  | 6. Brief description of the character of business conducted in Rhode Island<br><b>Real Estate Sales and Residential and Commercial Construction</b> |   |                          |
| 5. State of Incorporation<br><b>Rhode Island</b>  |   |   |                          |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |   |   |                          |
| President Name<br><b>Roland DeCesare</b>  |   | Vice-President Name   |                          |
| Street Address<br><b>97 Lake Drive</b>  |   | Street Address  |                          |
| City<br><b>Chepachet</b>  | State<br><b>RI</b>  | Zip<br><b>02814</b>   |                          |
| Secretary Name  |   | Treasurer Name  |                          |
| Street Address  |   | Street Address  |                          |
| City  | State   | Zip   |                          |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |   |   |                          |
| 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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |   |   |                          |
| This information is currently of record in the Department of State.   |   | 10. Shares Issued   |                          |
| Changes require an additional filing.   |   | NUMBER OF SHARES<br><b>NONE</b>   | CLASS/SERIES<br><b>0</b> |
| 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.<br>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<br><b>Roland DeCesare</b>   |   | Date<br><b>4/6/23</b>   |                          |
| Signature of Authorized Representative<br>  |   | SIGN DOCUMENT HERE<br><b>FILED</b>                                      |                          |

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2616  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

JUL 14 2023  
BY **2702P**  
AA. 2:11pm.

FORM 630 - Revised: 10/2017