



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022

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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|--|--|---|---|---|----------------|
| 1. Entity ID Number 1694961 | | 2. Exact name of the Corporation NOVA CAULKING INC | | | |
| 3. Principal Office Address 79 CHURCH GREEN | | City TAUNTON | | State MA | Zip 02780 |
| 4. NAICS Code 236110 | 6. Brief description of the character of business conducted in Rhode Island CAULKING AND SEALING SERVICES | | | | |
| 5. State of Incorporation MASSACHUSETTS | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name MARCELO B BATISTA | | | Vice-President Name | | |
| Street Address 175 SWAN DR | | | Street Address | | |
| City EAST TAUNTON | State MA | Zip 02718 | City | State | Zip |
| Secretary Name MARCELO B BATISTA | | | Treasurer Name | | |
| Street Address 175 SWAN DR | | | Street Address 175 SWAN DR | | |
| City EAST TAUNTON | State MA | Zip 02718 | City EAST TAUNTON | State MA | Zip 02718 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name MARCELO B BATISTA | | | Director Name | | |
| Street Address 175 SWAN DR | | | Street Address | | |
| City EAST TAUNTON | State MA | Zip 02718 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | 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. Changes require an additional filing. | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| | | | NUMBER OF SHARES 1000 | CLASS/SERIES | PAR VALUE 0 |
| 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 MARCELO B BATISTA | | | | Date 08/09/2023 | |
| Signature of Authorized Representative Marcelo Batista | | | | FILED AUG 10 2023 BY x23FV 11743 | |

MAIL TO:
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