



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

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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BUS SVCS DIV

2023 SEP 18 A 11:46

1. Entity ID Number <u>001731271</u>		2. Exact name of the Corporation <u>JOAO CONSTRUCTION INC</u>			
3. Principal Office Address <u>36 Terrace ST</u>		City <u>Full River</u>		State <u>MA</u>	Zip <u>02721</u>
4. NAICS Code <u>236220</u>		6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation <u>MA</u>		<u>Framing</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Leonardo Crespo</u>			Vice-President Name		
Street Address <u>36 Terrace ST</u>			Street Address		
City <u>Full River</u>	State <u>MA</u>	Zip <u>02721</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>Leonardo Crespo</u>			Director Name		
Street Address <u>36 Terrace ST</u>			Street Address		
City <u>Full River</u>	State <u>MA</u>	Zip <u>02721</u>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			275,000		CWP
					PAR VALUE
					1.00
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. <u>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.</u>					
Name of Authorized Representative <u>Carlos Leonardo Crespo Sinche</u>					Date <u>9/18/2023</u>
Signature of Authorized Representative 					<u>FILED 1149</u> <u>SEP 18 2023</u> <u>BY YR14P</u>

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