



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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R.I. DEPT. OF STATE  
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <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.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			<u>275,000</u>	<u>CWP</u>	<u>1.0</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>Carlos Leonardo Crespo Sinche</u>					Date <u>9/18/2023</u>
Signature of Authorized Representative 					

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MAIL TO:

Division of Business Services

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