



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.

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 SEP 18 A 11:46

1. Entity ID Number 001731271		2. Exact name of the Corporation JOAO CONSTRUCTION INC			
3. Principal Office Address 36 Terrace ST		City Full River		State MA	Zip 02721
4. NAICS Code 236220		6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation MA		Framing			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Leonardo Crespo			Vice-President Name		
Street Address 36 Terrace ST			Street Address		
City Full River	State MA	Zip 02721	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 Leonardo Crespo			Director Name		
Street Address 36 Terrace ST			Street Address		
City Full River	State MA	Zip 02721	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
			275,000		CWP
					PAR VALUE
					1.0
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. <b>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.</b>					
Name of Authorized Representative Carlos Leonardo Crespo Sinche					Date 9/18/2023
Signature of Authorized Representative 					SEP 18 2023 BY 1/2144

MAIL TO:  
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