



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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R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 NOV 14 1:45

1. Entity ID Number <b>001691534</b>		2. Exact name of the Corporation <b>AMERICAN DRYWALL CONTRACTORS INC</b>	
3. Principal Office Address <b>312 COWDEN ST</b>		City <b>CENTRAL FALLS</b>	State <b>RI</b>
		Zip <b>02863</b>	
4. NAICS Code <b>238310</b>	6. Brief description of the character of business conducted in Rhode Island <b>DRYWALL INSTALLATION</b>		
5. State of Incorporation <b>RI</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 <b>ABRAHAM MONTALVO</b>		Vice-President Name <b>ABRAHAM MONTALVO</b>	
Street Address <b>312 COWDEN ST</b>		Street Address <b>312 COWDEN ST</b>	
City <b>CENTRAL FALLS</b>	State <b>RI</b>	City <b>CENTRAL FALLS</b>	State <b>RI</b>
Zip <b>02863</b>		Zip <b>02863</b>	
Secretary Name <b>ABRAHAM MONTALVO</b>		Treasurer Name <b>ABRAHAM MONTALVO</b>	
Street Address <b>312 COWDEN ST</b>		Street Address <b>312 COWDEN ST</b>	
City <b>CENTRAL FALLS</b>	State <b>RI</b>	City <b>CENTRAL FALLS</b>	State <b>RI</b>
Zip <b>02863</b>		Zip <b>02863</b>	
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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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
		<b>400</b>	<b>COMMON</b>
		<b>NO PAR</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. <i>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.</i>			
Name of Authorized Representative <b>ABRAHAM MONTALVO</b>		Date <b>11/14/2023</b>	
Signature of Authorized Representative 		<b>FILED</b>	

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