



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.

STAMP

NOV 15 2023
2:17 PM

1. Entity ID Number 001680883		2. Exact name of the Corporation BW CONSTRUCTION & REMODELING INC			
3. Principal Office Address 271 BEDFORD ST - UNIT 4		City LAKEVILLE		State MA	Zip 02347
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION AND REMODELING SERVICES			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name WAGNER D GONCALVES			Vice-President Name		
Street Address 6 GUNNERS WAY			Street Address		
City EAST FREETOWN	State MA	Zip 02717	City	State	Zip
Secretary Name WAGNER D GONCALVES			Treasurer Name WAGNER D GONCALVES		
Street Address 6 GUNNERS WAY			Street Address UNNERS WAY		
City EAST FREETOWN	State MA	Zip 02717	City EAST FREETOWN	State MA	Zip 02717
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name WAGNER D GONCALVES			Director Name		
Street Address 6 GUNNERS WAY			Street Address		
City EAST FREETOWN	State MA	Zip 02717	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.			NUMBER OF SHARES 75	CLASS/SERIES CWP	PAR VALUE \$1.00
Changes require an additional filing.					
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 WAGNER D GONCALVES				Date 11/11/2023	
Signature of Authorized Representative <i>Wagner Goncalves</i>					

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

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BY DKSMI
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FORM 630- Revised: 04/2023