



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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
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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 NOV 17 A 11:13

1. Entity ID Number 001735911		2. Exact name of the Corporation Amancio Cordeiro, Inc			
3. Principal Office Address 51 Bouchard Lane		City Tiverton		State RI	Zip 02878
4. NAICS Code 238140		6. Brief description of the character of business conducted in Rhode Island Masonry and paving contractor			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Amancio Cordeiro Inc			Vice-President Name None		
Street Address 51 Bouchard Lane			Street Address		
City Tiverton	State RI	Zip 02878	City	State	Zip
Secretary Name Amancio Cordeiro			Treasurer Name Amancio Cordeiro		
Street Address 51 Bouchard Lane			Street Address 51 Bouchard Lane		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Amancio Cordeiro			Director Name None		
Street Address 51 Bouchard Lane			Street Address		
City Tiverton	State RI	Zip 02878	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES		PAR VALUE	
		10,000		CNP	
				0.00	
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. <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 AMANCIO CORDEIRO				Date 11/17/2023	
Signature of Authorized Representative 					

FILED

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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FORM 630- Revised: 04/2023