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**State of Rhode Island
Department of State - Business Services Division**

STAMP

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.

1. Entity ID Number 001720001		2. Exact name of the Corporation ADR HOME IMPROVEMENTS INC			
3. Principal Office Address 564 WHIPPLE STREET APT 01			City FALL RIVER	State MA	Zip 02721
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island HOME REMODELERS			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ADRIANO F DA SILVA			Vice-President Name		
Street Address 564 WHIPPLE STREET APT 01			Street Address		
City FALL RIVER	State MA	Zip 02721	City	State	Zip
Secretary Name ADRIANO F DA SILVA			Treasurer Name ADRIANO F DA SILVA		
Street Address 564 WHIPPLE STREET APT 01			Street Address 564 WHIPPLE STREET APT 01		
City FALL RIVER	State MA	Zip 02721	City FALL RIVER	State MA	Zip 02721
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ADRIANO F DA SILVA			Director Name		
Street Address 564 WHIPPLE STREET APT 01			Street Address		
City FALL 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 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.			NUMBER OF SHARES		PAR VALUE
			50,000	CWP	\$1.00
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. 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 ADRIANO F DA SILVA				Date 12/09/2023	
Signature of Authorized Representative <i>Adriano F da Silva</i>					

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 272-3040
Website: www.sos.ri.gov

DEC 13 2023
BY ATE5C
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FORM 630- Revised: 04/2023