RI SOS Filing Number: 202444271110 Date: 1/19/2024 12:16:00 PM

State of Rhode Island

Annual Report for the year:

Department of State - Business Services Division

SFIF

Annual Report for the year: Corporation -	2024						
Filing period: February 1 -		RECEIVED R.L. DEPT. OF STATE BUS SYCS PAY					
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 f	ee if form is not fi	led by May 31		Į.	ÜŠ SVI	28 (247) E 28 (247)	
1 Entity ID Number	2. Exact name of					<u></u>	
001688187		eneral Cons	structi	on INC.	PI MAL	P 12: 14	
3 Principal Office Address	1		City	-	State	Zip	
45 Benefit Street			l *	vcket	1I	02861	
4. NAICS Code	6. Brief description	on of the character	of busines	s conducted in Rhode Is	land		
236118	Mariana						
5. State of Incorporation	Masonro)					
RI							
7. List ALL officers (names and add	Iresses)			Check the bo	x to indica	ate an attachment	
President Name			Vice-President Name				
Julian Terrazas De	Los Santo	S	Street Adda	roce.			
45 Benefit St 1st 1	Floor		Street Wool	622			
City	State	Zip	City		State	Zıp	
Powtucket	<u> </u>	02861	Treasurer I	· · · · · · · · · · · · · · · · · · ·		1	
Secretary Name			i reasurer r	vame			
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names and ad	ddresses)		<u> </u>	Check the bo	x to indic	ate an attachment	
Director Name			Director Na	ime			
Street Address			Street Add	ress			
			<u> </u>				
City	State	Zip	City		State	Zip	
Director Name			Director Na	ame			
Street Address	· · · · · · · · · · · · · · · · · · ·	•	Street Add				
Sileet Address			SileerAddi	e55			
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares issue	<u> </u> d	Check the b	ox to indic	cate an attachment	
This information is currently of reco	rd in the	NUMBER OF SH		CLASS/SERIES		PAR VALUE	
Department of State.		1000.00	0		10.0000		
Changes require an additional filing.		1000.00					
11 This report must be executed o	n behalf of the cor	I poration by an auti	norized rec	I presentative. If the corpo	ration is in	the hands of a re-	
ceiver or trustee, this report must be	e executed on bel	nalf of the corporat	ion by the i	receiver or trustee.			
Under penalty of perjury, I decla statements, and that all stateme				t, including any accom	panying	schedules and	
Name of Authorized Representative	e	ein are nue anu t	.011 C CL.		Date		
Julian Terrazas D		FILED 12:16	1/	19/29			
Julian Terrazas P Signature of Authorized Represent	ative						
Jakan Terran			MAL	N 1 9 2024			
MAIL TO:			RY SY	RALL			
Division of Business Convines			MA M	1 N 1 L PT			

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov