



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.

**FILED**  
APR 23 2024  
BY *[Signature]*

1. Entity ID Number <b>001673129</b>		2. Exact name of the Corporation <b>C. LINHARES BUILDER CORP.</b>			
3. Principal Office Address <b>48 UNITY AVENUE</b>			City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>
4. NAICS Code <b>236118</b>		6. Brief description of the character of business conducted in Rhode Island <b>CONSTRUCTION REMODELING</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>CARLOS A. LINHARES</b>			Vice-President Name <b>CARLA BARBOSA LINHARES</b>		
Street Address <b>48 UNITY AVENUE</b>			Street Address <b>48 UNITY AVENUE</b>		
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>
Secretary Name <b>CARLA BARBOSA LINHARES</b>			Treasurer Name <b>CARLOS A. LINHARES</b>		
Street Address <b>48 UNITY AVENUE</b>			Street Address <b>48 UNITY AVENUE</b>		
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>CARLOS A. LINHARES</b>			Director Name <b>CARLA BARBOSA LINHARES</b>		
Street Address <b>48 UNITY AVENUE</b>			Street Address <b>48 UNITY AVENUE</b>		
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>
Director Name <b>N/A</b>			Director Name <b>N/A</b>		
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	CLASS/SERIES	PAR VALUE	
		<b>1,000 SHARES</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.					
<b>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.</b>					
Name of Authorized Representative <b>CARLOS A. LINHARES</b>				Date <b>4/17/24</b>	
Signature of Authorized Representative <i>[Signature]</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