



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
STATE OF RHODE ISLAND
BUSINESS SERVICES DIVISION
APR 25 2024 2:51 PM
FILED

1. Entity ID Number 001666820		2. Exact name of the Corporation TELLEZ INVESTMENT INC			
3. Principal Office Address 176 WEBSTER AVENUE		City PROVIDENCE	State RI	Zip 02909	
4. NAICS Code 236118	6. Brief description of the character of business conducted in Rhode Island Residential Remodelers				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CARLOS TELLEZ		Vice-President Name CARLOS TELLEZ			
Street Address 176 WEBSTER AVENUE		Street Address 176 WEBSTER AVENUE			
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
Secretary Name CARLOS TELLEZ		Treasurer Name			
Street Address 176 WEBSTER AVENUE		Street Address			
City PROVIDENCE	State RI	Zip 02909	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name CARLOS TELLEZ		Director Name			
Street Address 176 WEBSTER AVENUE		Street Address			
City PROVIDENCE	State RI	Zip 02909	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		CLASS/SERIES	PAR VALUE
		1	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. 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 VINCENT LEVROS			FILED	Date 04/22/2024	
Signature of Authorized Representative 			APR 25 2024 BY		

MAIL TO:
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Website: www.sos.ri.gov