



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.

MAY 01 2024 R
2301

1. Entity ID Number 48055		2. Exact name of the Corporation R.S. COELHO BUILDERS, INC.			
3. Principal Office Address 260 West Exchange Street, Suite 202			City Providence	State RI	Zip 02903
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island Construction			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Robert S. Coelho			Vice-President Name Jonathan M. Coelho		
Street Address 11 Central Avenue			Street Address 11 Central Avenue		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Secretary Name R. Shawn Coelho, II			Treasurer Name Julie A. Coelho		
Street Address 11 Central Avenue			Street Address 11 Central Avenue		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
8 List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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	
		101		Common	
				PAR VALUE	
				No Par Value	
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 Robert S. Coelho					Date 4/11/24
Signature of Authorized Representative [Signature]					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov