


**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.

 REC'D RHODES BSO
11/24/2024 10:51:50

1. Entity ID Number 001758285		2. Exact name of the Corporation SIGUENZA CONSTRUCTION INC											
3. Principal Office Address 138 E MAIN STREET		City MILFORD	State MA	Zip 01757									
4. NAICS Code 238100	6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION SERVICES												
5. State of Incorporation MASSACHUSSETTS													
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>													
President Name EDWIN FREDDY SIGUENZA		Vice-President Name											
Street Address 138 E MAIN STREET		Street Address											
City MILFORD	State MA	Zip 01757	City	State									
Secretary Name		Treasurer Name											
Street Address		Street Address											
City	State	Zip	City	State									
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									
Director Name		Director Name											
Street Address		Street Address											
City	State	Zip	City	State									
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.		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">NUMBER OF SHARES</th> <th style="width: 40%;">CLASS/SERIES</th> <th style="width: 20%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">①</td> <td></td> <td style="text-align: center;">0.00/0</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	①		0.00/0			
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①		0.00/0											
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 EDWIN FREDDY SIGUENZA			Date 10/24/2024										
Signature of Authorized Representative 			FILED NOV 25 2024 BY 19029 1053 10										