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BY

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11447

**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

| 1 Entity ID Number | 2 Exact name of the Corporation | | | |
|---|---|---|---|---|
| 000023790 | CDR MAGUIRE INC | | | |
| 3. Principal Office Address | | City | State | Zip |
| 11740 SW 80TH STREET SUITE 102 | | MIAMI | FL | 33183 |
| 4 NAICS Code | 6. Brief description of the character of business conducted in Rhode Island | | | |
| 541330 | | | | |
| 5. State of Incorporation | | | | |
| PE | ENGINEERS/ARCH/PLANNERS | | | |

| 7. List ALL officers (names and addresses) | | | Check the box to indicate an attachment ☐ | | |
|---|---|---|---|---|---|
| President Name | | | Vice-President Name | | |
| CARLOS DUART | | | | | |
| Street Address | | | Street Address | | |
| 11740 SW 80TH ST STE 102 | | | | | |
| City | State | Zip | City | State | Zip |
| MIAMI | FL | 33183 | | | |
| Secretary Name | | | Treasurer Name | | |
| | | | | | |
| Street Address | | | Street Address | | |
| | | | | | |
| City | State | Zip | City | State | Zip |
| | | | | | |

| 8. List ALL directors (names and addresses) | | | Check the box to indicate an attachment ☐ | | |
|---|---|---|---|---|---|
| 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 ☐ |
|---|---|---|---|
| This information is currently of record in the Department of State. | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| | 1000 | COMMON | 1000 |
| Changes require an additional filing. | | | |

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 | Date |
|---|---|
| X Carlos Duart | X 2/17/25 |
| Signature of Authorized Representative | |
| CARLOS DUART | |

**MAIL TO:**
**Division of Business Services**
148 W. River Street, Providence, Rhode Island 02904-2615
**Phone:** (401) 222-3040
**Website:** www.sos.ri.gov

FORM 630 - Revised 12/2023