

REC'D RIDGS BSD
MAR 3 AM 11:14:50State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:

Corporation

2025

→ 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 <u>00112403</u>		2. Exact name of the Corporation <u>Fernando Dela Cruz Const.</u>							
3. Principal Office Address <u>125 Summit St</u>		City <u>E. Prov</u>	State <u>RI</u>						
4. NAICS Code <u>238320</u>		6. Brief description of the character of business conducted in Rhode Island <u>Painting / Cleaning</u>							
5. State of Incorporation <u>RI</u>									
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐									
President Name <u>Margaret Regender</u>		Vice-President Name							
Street Address <u>125 Summit St</u>		Street Address							
City <u>E. Prov.</u>	State <u>RI</u>	Zip <u>02914</u>							
Secretary Name <u>SAME</u>		Treasurer Name <u>SAME</u>							
Street Address		Street Address							
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 <u>SAME</u>	State <u>RI</u>	Zip <u>02914</u>							
Director Name		Director Name							
Street Address		Street Address							
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><u>1000</u></td> <td><u>N/V</u></td> <td><u>N/V</u></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<u>1000</u>	<u>N/V</u>	<u>N/V</u>
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE							
<u>1000</u>	<u>N/V</u>	<u>N/V</u>							
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 <u>Margaret Regender</u>		Date <u>3-3-2025</u>							
Signature of Authorized Representative <u>Margaret Regender</u>									

FILED

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

MAR 03 2025
BY 6409

FORM 630- Revised 12/2023