



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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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.		NUMBER OF SHARES <u>1000</u>	
Changes require an additional filing.		CLASS/SERIES <u>N/V</u>	
		PAR VALUE <u>N/V</u>	
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

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BY 6409

FORM 630- Revised 12/2023