

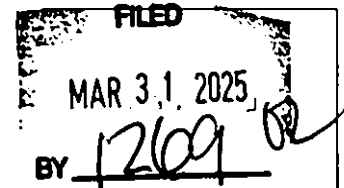


State of Rhode Island
Department of State - Business Services Division

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.



1. Entity ID Number 000509498		2. Exact name of the Corporation R & D BUILDERS & REMODELING, LTD.	
3. Principal Office Address 60 FAITH STREET		City EAST PROVIDENCE	State RI
		Zip 02914	
4. NAICS Code 238350	6. Brief description of the character of business conducted in Rhode Island TO OPERATE A CARPENTRY & REMODELING CONTRACTING BUSINESS		
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 MIGUEL DeMEDEIROS		Vice-President Name MARCO P. RAPOSO	
Street Address 60 FAITH STREET		Street Address 21 PROVIDENCE AVENUE	
City EAST PROVIDENCE	State RI	City EAST PROVIDENCE	State RI
Zip 02914		Zip 02914	
Secretary Name MARCO P. RAPOSO		Treasurer Name MIGUEL DeMEDEIROS	
Street Address 21 PROVIDENCE AVENUE		Street Address 60 FAITH STREET	
City EAST PROVIDENCE	State RI	City EAST PROVIDENCE	State RI
Zip 02914		Zip 02914	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name MIGUEL DeMEDEIROS		Director Name MARCO P. RAPOSO	
Street Address 60 FAITH STREET		Street Address 21 PROVIDENCE AVENUE	
City EAST PROVIDENCE	State RI	City EAST PROVIDENCE	State RI
Zip 02914		Zip 02914	
Director Name N/A		Director Name N/A	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		200 SHARES	COMMON
			NO PAR
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 MARCO P. RAPOSO			Date 3-26-25
Signature of Authorized Representative 			

MAIL TO:

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