State of Rhode Island
Department of State - Business Services Division

FILED
MAR 31, 2025
BY 12609

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	2. Exact name of the Corporation		
000509498	R & D BUILDERS & REMODELING, LTD.		
3. Principal Office Address	City	State	Zip
60 FAITH STREET	EAST PROVIDENCE	RI	02914
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
238350	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 ☐

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	Zip: 02914	City: EAST PROVIDENCE	State: RI	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	Zip: 02914	City: EAST PROVIDENCE	State: RI	Zip: 02914

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: MIGUEL DeMEDEIROS			Director Name: MARCO P. RAPOSO		
Street Address: 60 FAITH STREET			Street Address: 21 PROVIDENCE AVENUE		
City: EAST PROVIDENCE	State: RI	Zip: 02914	City: EAST PROVIDENCE	State: RI	Zip: 02914
Director Name: N/A			Director Name: N/A		
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
Changes require an additional filing.	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	Date
MARCO P. RAPOSO	3-26-25

Signature of Authorized Representative: Marco Raposo

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