

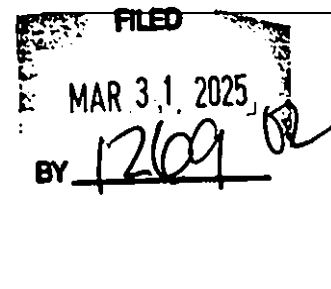


State of Rhode Island
Department of State - Business Services Division

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 ☐					
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 Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES 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