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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025 Amend.
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			
136048	AID HOME IMPROVEMENT INC.			
3. Principal Office Address		City	State	Zip
255 YORK AVE		PAWTUCKET	RI	02860
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
236115	CONSTRUCTION			
5. State of Incorporation				
RI				

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

President Name			Vice-President Name		
ALBERT PIRES AMADO			ALBERT PIRES AMADO		
Street Address			Street Address		
66 KENDALL STREET			66 KENDALL ST		
City	State	Zip	City	State	Zip
CENTRAL FALLS	RI	02863	CENTRAL FALLS	RI	02863
Secretary Name			Treasurer Name		
JENNIFER PEREZ			SAME		
Street Address			Street Address		
3376 FENTON AVE 10469					
City	State	Zip	City	State	Zip
BRONX	~~NY~~ NY	~~10469~~			

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

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
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.	100		100

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.

FILED

Name of Authorized Representative	Date
ALBERT PIRES AMADO	4/7/25

Signature of Authorized Representative

APR 07 2025

BY KS

1115

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

FORM 630- Revised. 12/2023

State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

April 07, 2025 11:15 AM

Gregg M. Amore
Secretary of State