



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>001741217</u> | | 2. Exact name of the Corporation <u>Vela Construction Inc</u> | | | | | | | | | |
| 3. Principal Office Address <u>93 Abiam St</u> | | | City <u>Pawtucket</u> | State <u>RI</u> | Zip <u>02860</u> | | | | | | |
| 4. NAICS Code <u>999999</u> | | 6. Brief description of the character of business conducted in Rhode Island <u>General Construction</u> | | | | | | | | | |
| 5. State of Incorporation <u>RI</u> | | | | | | | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | |
| President Name <u>Benjamin Vela Contreras</u> | | | Vice-President Name | | | | | | | | |
| Street Address <u>93 Abiam St</u> | | | Street Address | | | | | | | | |
| City <u>Pawtucket</u> | State <u>RI</u> | Zip <u>02860</u> | City | State | Zip | | | | | | |
| Secretary Name | | | Treasurer Name | | | | | | | | |
| Street Address | | | Street Address | | | | | | | | |
| City | State | Zip | City | State | Zip | | | | | | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | |
| 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 <input type="checkbox"/> | | | | | | | | |
| This information is currently of record in the Department of State. | | | NUMBER OF SHARES CLASS/SERIES PAR VALUE | | | | | | | | |
| Changes require an additional filing. | | | <table border="1"> <tr> <td><u>0</u></td> <td></td> <td><u>0</u></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> | | | <u>0</u> | | <u>0</u> | | | |
| <u>0</u> | | <u>0</u> | | | | | | | | | |
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| 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>Benjamin Vela Contreras</u> | | | | Date <u>04-21-25</u> | | | | | | | |
| Signature of Authorized Representative <u>[Signature]</u> | | | | FILED | | | | | | | |

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