

REC'D RIDOS BSD
25 APR 22 PM 4:20:04State of Rhode Island
Department of State - Business Services Division

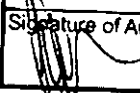
Annual Report for the year: 2025

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 001729210		2. Exact name of the Corporation WB CONSTRUCTION NEWPORT, INC.	
3. Principal Office Address 131 DAWN MARIE DRIVE		City PORTSMOUTH	State RI
		Zip 02871	
4. NAICS Code 238130	6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION SERVICES		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name WAGNER JULIO GONCALVES BELO		Vice-President Name N/A	
Street Address 131 DAWN MARIE DRIVE		Street Address	
City PORTSMOUTH	State RI	City	State
	Zip 02871		Zip
Secretary Name SUELLEN GONCALVES BELO		Treasurer Name WAGNER JULIO GONCALVES BELO	
Street Address 131 DAWN MARIE DRIVE		Street Address 131 DAWN MARIE DRIVE	
City PORTSMOUTH	State RI	City PORTSMOUTH	State RI
	Zip 02871		Zip 02871
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name SULLEN GONCALVES BELO		Director Name WAGNER JULIO GONCALVES BELO	
Street Address 131 DAWN MARIE DRIVE		Street Address 131 DAWN MARIE DRIVE	
City PORTSMOUTH	State RI	City PORTSMOUTH	State RI
	Zip 02871		Zip 02871
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
9. Shares Authorized 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 <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		1,000	CNP
			1.00
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 WAGNER JULIO GONCALVES BELO, PRESIDENT		Date 04/18/2025	
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

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