



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024  
Corporation

- Filing period: February 1 - May 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSD  
25 MAY 6 AM 11:55:43

1. Entity ID Number <b>001673486</b>		2. Exact name of the Corporation <b>Castro General Construction Inc</b>			
3. Principal Office Address <b>8. Walnut St APT. 2</b>		City <b>Milford</b>	State <b>MA</b>	Zip <b>01575</b>	
4. NAICS Code <b>238160</b>		6. Brief description of the character of business conducted in Rhode Island <b>Construction</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Rumaldo R Castro T</b>			Vice-President Name		
Street Address <b>8. Walnut St APT. 2</b>			Street Address		
City <b>Milford</b>	State <b>MA</b>	Zip <b>01575</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Rumaldo R Castro T</b>			Director Name		
Street Address <b>8 Walnut St APT. 2</b>			Street Address		
City <b>Milford</b>	State <b>MA</b>	Zip <b>01575</b>	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.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>1</b>	<b>0</b>	<b>0</b>	
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.					
<b>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.</b>					
Name of Authorized Representative <b>Rumaldo R Castro</b>				Date <b>5-6-25</b>	
Signature of Authorized Representative <b>RC</b>					

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

FILED  
MAY 06 2025  
BY **SOYRG** 11:50  
FORM 630- Revised 12/2023