



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 48055		2. Exact name of the Corporation R. S. COELHO BUILDERS, INC.												
3. Principal Office Address 11 Central Avenue			City Warren	State RI	Zip 02885									
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island Construction												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name Robert S. Coelho			Vice-President Name Jonathan M. Coelho											
Street Address 11 Central Avenue			Street Address 11 Central Avenue											
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885									
Secretary Name R. Shawn Coelho, II			Treasurer Name Julie A. Coelho											
Street Address 11 Central Avenue			Street Address 11 Central Avenue											
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
This information is currently of record in the Department of State.  Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>common</td> <td>no par value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	101	common	no par value			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
101	common	no par value												
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 Robert S. Coelho					Date 4/28/25									
Signature of Authorized Representative 														

FILED

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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