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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.

1. Entity ID Number	2. Exact name of the Corporation
001673129	C. LINHARES BUILDER CORP

3. Principal Office Address	City	State	Zip
48 UNITY AVE	EAST PROVIDENCE	RI	02914

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
236118	CONSTRUCTION REMODELING
5. State of Incorporation	
RHODE ISLAND	

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

President Name: CARLOS A. LINHARES			Vice-President Name: CARLA BARBOSA LINHARES		
Street Address: 48 UNITY AVE			Street Address: 48 UNITY AVE		
City: EAST PROVIDENCE	State: RI	Zip: 02914	City: EAST PROVIDENCE	State: RI	Zip: 02914
Secretary Name: CARLA BARBOSA LINHARES			Treasurer Name: CARLA BARBOSA LINHARES		
Street Address: 48 UNITY AVE			Street Address: 48 UNITY AVE		
City: EAST PROVIDENCE	State: RI	Zip: 02914	City: EAST PROVIDENCE	State: RI	Zip: 02914

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

Director Name: CARLA BARBOSA LINHARES			Director Name:		
Street Address: 48 UNITY AVE			Street Address:		
City: EAST PROVIDENCE	State: RI	Zip: 02914	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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	1000 SHARES	COMMON	NO PAR
Changes require an additional filing.			

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	Date
CARLOS A. LINHARES	5/31/25

Signature of Authorized Representative: Carlos A Linhares

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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BY HRQ8W

FORM 630- Revised: 12/2023