RI SOS Filing Number: 202576992220 Date: 7/14/2025 4:00:00 PM

State of Rhode Island						25 JU	
Department of State - Business Services Division					STA Die		
Annual Report for the year: Corporation					44 A SID		
→ 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					land .	
001765116 General Morales Team Inc							
3. Principal Office Address City State Zip							
75, High St #	+ 1		Milfo	ord	MA	01757	
4. NAICS Code	6. Brief description			s conducted in Rhode Isla			
238390	238390 Carpentry, Painting, Roofing, Landscaping						
5. State of Incorporation	1	• • • • • • • • • • • • • • • • • • • •		71119 111001	-0(1)	. 5	
MA							
7. List ALL officers (names and addresses) President Name				Check the box to indicate an attachment Vice-President Name			
Manuel M. Guaman							
Street Address 75. High 5+			Street Address				
City And Color	State	Zip	City		State	Zip	
//////////////////////////////////////	1914	01757	Trageurer N	lame			
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							
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip	City		State	Zip	
Director Name		Director Name					
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
9. Shares Authorized		10. Shares Issue			ı x to indicat	e an attachment	
This information is currently of record in the Department of State. Changes require an additional filing.				CLASS/SERIES		PAR VALUE	
		100.00		CNP	NP \$0.00		
11. This conort must be assessed as	n hahalf af iha a	oration by an acid	norized in	ropontative If the secretary	ation is in 4	ho hands of a co	
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 PILED Date							
Alex Guaman Castro					7/14/25		
Signature of Authorized Representative JUL 1 4 2025 DT TYV							
CHILLY TO							
MAIL TO: Division of Business Services 148 W. Piver Street Brouidness Phodo Johnst 02004 2615							

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