



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

MAR 16 2022 STAMP
 5020 02

1. Entity ID Number 101601		2. Exact name of the Corporation A-1 Builders General Contractor, Ltd.			
3. Principal Office Address 685 Warren Avenue			City East Providence	State RI	Zip 02914
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island to act as general contractor for the construction, repair and remodeling of buildings and public works of all kinds			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ricardo Amaral			Vice-President Name Francine Amaral		
Street Address 321 County Street			Street Address 321 County Street		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
Secretary Name Frederic A. Marzilli			Treasurer Name Ricardo Amaral		
Street Address 685 Warren Avenue			Street Address 321 County Street		
City East Providence	State RI	Zip 02914	City Seekonk	State MA	Zip 02771
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 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
			100	common	no par
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 Ricardo Amaral				Date 3-4-22	
Signature of Authorized Representative 			SIGN DOCUMENT HERE		

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