| State of Rhode Island | | | | 2/2022 4:00:00 P | | | |
|--|---|----------------------|--|-------------------------------|--------------|-------------------------|--|
| Department of State - Business Services Department for the year: 2022 | | | 714131011 | FILED | | | |
| Corporation → Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31. | | | - | | BYS | PR 12 2022 | |
| 1. Entity ID Number 48055 | 2. Exact name of the Corporation R.S. COELHO BUILDERS, INC. | | | | | | |
| Principal Office Address 260 West Exchange Street, Suite 202 | | | City Providence | | State RI | Zip 02903 | |
| 4. NAICS Code 238990 5. State of Incorporation Rhode Island | Brief description of the character of business conducted in Rhode Island Construction | | | | | | |
| 7. List ALL officers (names and add | (ACCAC) | | | Chack t | ha hay ta ir | adicate an attachment 🖂 | |
| President Name Robert S. Coelho | | | Check the box to indicate an attachment UVice-President Name Jonathan M. Coelho | | | | |
| Street Address 11 Central Avenue | | | Street Address 11 Central Avenue | | | | |
| ^{City} Warren | State RI | ^{Zip} 02885 | ^{Cily} Warrer | า | State RI | ^{Zip} 02885 | |
| Secretary Name R. Shawn Coel | ho, II | | Treasurer Nam | ^{le} Julie A. Coelho | ס | | |
| Street Address 11 Central Avenue | | | Street Address 11 Central Avenue | | | | |
| City Warren. | State RI | ^{Zip} 02885 | City Warren | | State RI | ^{Zip} 02885 | |
| List ALL directors (names and addresses) Director Name | | | Check the box to indicate an attachment 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 | Zıp | |
| 9. Shares Authorized | <u> </u> | 10. Shares Issu | ied | Check t | he box to it | ndicate an attachment | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | | CLASS/SERIES Common | | No Par Value | |
| | | | | | | 140 Fai Value | |
| 11. This report must be executed or trustee, this report must be execute | d on behalf of the | corporation by t | he receiver or to | ustee. | | | |
| Under penalty of perjury, I declar statements, and that all statemer | nts contained her | | | ncluding any accom | | cneaules and | |
| Name of Authorized Representative 5, Gelho President Date 3/15/22 | | | | | | 15/22 | |
| Signature of Authorized Representa |) Pm | Pro | esiden | 7 | | | |
| MAIL TO: | | ι | | | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ni.gov