



State of Rhode Island

Department of State - Business Services Division

FILED

APR 10 2023

BY *[Signature]*

Annual Report for the year: 2023
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 48055 | | 2. Exact name of the Corporation R.S. COELHO BUILDERS, INC. | | | |
| 3. Principal Office Address 260 West Exchange Street, Suite 202 | | | City Providence | | State RI |
| | | | Zip 02903 | | |
| 4. NAICS Code 238990 | | 6. Brief description of the character of business conducted in Rhode Island Construction | | | |
| 5. State of Incorporation Rhode Island | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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) 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 |
| | | | 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. 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 Robert S. Coelho Pres | | | | Date 3/11/23 | |
| Signature of Authorized Representative <i>[Signature]</i> | | | | | |