




**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2024

Corporation _____

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
MAR 15 2024
BY 8110
OS

1. Entity ID Number 160431		2. Exact name of the Corporation M & M General Contractors, Inc.			
3. Principal Office Address 20 Harrison Street		City Bristol	State RI	Zip 02809	
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island To operate a construction company			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Emmanuel Pimentel		Vice-President Name Emmanuel Pimentel			
Street Address 20 Harrison Street		Street Address 20 Harrison Street			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Emmanuel Pimentel		Treasurer Name Emmanuel Pimentel			
Street Address 20 Harrison Street		Street Address 20 Harrison Street			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Emmanuel Pimentel		Director Name			
Street Address 20 Harrison Street		Street Address			
City Bristol	State RI	Zip 02809	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
			100		Common
			PAR VALUE		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 Emmanuel Pimentel				Date 2/6/24	
Signature of Authorized Representative 					

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