RI SOS Filing Number: 202454461220 Date: 5/1/2024 4:00:00 PM

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.

1. Entity ID Number

48055

R.S. COELHO BUILDERS, INC.

3. Principal Office Address

City

State

Zip

Resolutions

Resolutions

Resolutions

Resolutions

Providences

1. Entity ID Number 48055	2. Exact name of the Corporation R.S. COELHO BUILDERS, INC.						
Principal Office Address				· · · · · · · · · · · · · · · · · · ·	To: ·		1-3-
260 West Exchange Street, Suite 202			City Provid	ence	State RI		Zip 02903
4. NAICS Code	6. Brief descripti	ion of the characte	er of busines	s conducted in Rhode	Island		
238990	Construction						
5. State of Incorporation							
Rhode Island							
7. List ALL officers (names and add	(resses)			Check the	ibox to indi	cate an att	achment 🔲
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 War		State	-	Zip
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 ac	dresses)			Check the	box to indi	cate an att	achment 🗆
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State Z		Zip
							Ť
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State		Zip
9. Shares Authorized		10. Shares Issued		Check the	box to ind	icate an at	tachment 🔲
This information is currently of record in the NUMBER C			SMARES CLASS/SERIES PAR VALUE				
Department of State. Changes require an additional filing.		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 re-							
ceiver 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					Date	/11/2	4
Signature of Authorized Representa					• • • • • •	 	

MAIL TO:

Division of Business Services

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

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