



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 152526		2. Exact name of the Corporation F.T. CONSTRUCTION CO., INC.								
3. Principal office address 55 WOODLAWN AVE.			City BRISTOL	State RI	Zip 02809					
4. Business Phone No.			5. State of Incorporation RHODE ISLAND							
6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION/RENOVATION AND/OR REPAIR OF EXISTING HOMES, BUILDINGS, ETC., TOGETHER WITH PURCHASING, SELLING, AND/OF DEVELOPING OR REAL ESTATE AS WELL AS ALL RELATED ENDEAVORS.										
7. PRESIDENT AND VICE-PRESIDENT										
President Name FRANCISCO C. DAPONTE			Vice-President Name THERESA J. DAPONTE							
Street Address 55 WOODLAWN AVE.			Street Address 55 WOODLAWN AVE.							
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809					
Secretary Name FRANCISCO C. DAPONTE			Treasurer Name THERESA J. DAPONTE							
Street Address 55 WOODLAWN AVE.			Street Address 55 WOODLAWN AVE.							
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name FRANCISCO C. DAPONTE			Director Name THERESA J. DAPONTE							
Street Address 55 WOODLAWN AVE.			Street Address 55 WOODLAWN AVE.							
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809					
Director Name			Director Name							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
9. SHARES AUTHORIZED										
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.										
						NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
						200	COMMON	NO PAR		

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.

File Date: _____
 Check No: _____
 BY _____
 FOR SECRETARY OF STATE USE ONLY

FILED
FEB 28 2013
5808

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.

Francisco Daponte 1/7/13
 Signature of Authorized Representative Date

FRANCISCO C. DAPONTE
 Print or Type Name of Authorized Representative