



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. 107599		2. Exact name of the Corporation One-Stop Construction, Inc.			
3. Principal office address 190 Chace Avenue			City Providence	State RI	Zip 02906
4. Business Phone No. 401-454-8497		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To engage in the general business of buildings, erecting, renovating and rehabilitation of residential homes, commercial buildings and other structures					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Donald P. Dimuccio			Vice-President Name Joseph D. Forte		
Street Address 29 Fisher Street			Street Address 190 Chace Avenue		
City North Providence	State RI	Zip 02911	City Providence	State RI	Zip 02906
Secretary Name Donald P. Dimuccio			Treasurer Name Joseph D. Forte		
Street Address 29 Fisher Street			Street Address 290 Chace Avenue		
City North Providence	State RI	Zip 02911	City Providence	State RI	Zip 02906
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name None			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 ("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
			8		8

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

MAR 11 2013

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.

Signature of Authorized Representative

Date

Joseph D. Forte

Print or Type Name of Authorized Representative

2-11-2013

By MNC
 CR # 7514