



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 2014

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. 62452		2. Exact name of the Corporation EQUALITY CONSTRUCTION WORKS, INC.		
3. Principal office address 37F Lark Industrial Parkway		City Greenville	State RI	Zip 02828
4. Business Phone No. 949-4525		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island to engage in the construction business of any kind and description				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Karen A. Quattrocchi		Vice-President Name Kiara M. Capaldi		
Street Address 61 Hunters Run		Street Address 61 Hunters Run		
City North Providence	State RI	Zip 02904	City North Providence	State RI
Secretary Name Evelyn Aissis		Treasurer Name Karen A. Quattrocchi		
Street Address 2 Anvil Drive		Street Address 61 Hunters Run		
City Cumberland	State RI	Zip 02864	City North Providence	State RI
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
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
		100	common	none

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 _____

FILED

Check No _____

By: _____

JAN 17 2014

FOR SECRETARY OF STATE USE ONLY

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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.

Karen Quattrocchi 1/14/14
 Signature of Authorized Representative Date

Karen A. Quattrocchi

Print or Type Name of Authorized Representative