



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 **2016**

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. 789789		2. Exact name of the Corporation D'AMATO CONSTRUCTION COMPANY, INC.			
3. Principal office address 400 Middle Street			City Bristol	State CT	Zip 06010
4. Business Phone No. 860-583-3489			5. State of Incorporation CONNECTICUT		
6. Brief description of the character of business conducted in Rhode Island GENERAL CONSTRUCTION PROJECTS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Edward D'Amato			Vice-President Name Edward D'Amato, Jr.		
Street Address 216 Peck Lane			Street Address 29 Patricia Drive		
City Bristol	State CT	Zip 06010	City Bristol	State CT	Zip 06010
Secretary Name Susan Henne			Treasurer Name Edward D'Amato		
Street Address 35 Concetta Lalne			Street Address As above		
City Bristol	State CT	Zip 06010	City	State	Zip
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
			100	COMMON	\$100.

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

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.

FILED

JAN 27 2016

KL 38158

Signature of Authorized Representative

Date

Edward D'Amato, Jr.

Print or Type Name of Authorized Representative