

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.

. Entity ID No. 827497	2 Evert nam	ne of the Corporation ch Construction (of RI, Inc.				
3. Principal office address 888 Lonsdale Avenu	e		City State RI		Zip 02863		
Business Phone No. 401.413.9384			5. State of Incorporation Rhode Island				
Brief description of the cha Construction	aracter of business	conducted in Rhode Island		•			
MALET & CANCELLE STAN	AMES AND ADDR	esses)(#X#BOXIFORA)	TAVEMENT) LEGISLE				
esident Name oe DaLomba			Vice-President Name Jean DaLomba				
Street Address 888 Lonsdale Avenu	e		Street Address 888 Lonsdale Avenue City State Zip				
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863		
Secretary Name Jean DaLomba			Treasurer Name Joe DaLomba				
treet Address 888 Lonsdale Avenu	 le		Street Address 888 Lonsdale Avenue				
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863		
NET ALE SIRECTORS	NÁMES AND ADI	RESSES) ("X" BOX FOR	ATTACHMENT)	voraché P.V.			
irector Name Jean DaLomba			Director Name				
Street Address 888 Lonsdale Avenu	eet Address			Street Address			
Dity Central Falls	State RI	Zip 02863	City	State	Zip		
Director Name			Director Name				
Street Address			Street Address				
Dity	State	Zip	City	State	Zip		
SHARES ATTRICATED			10. SHARES ISSUED (*	X-BOX FOR ATTAC	HMEXT I		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
is information is currently of record in the Office of the Secretary State. Changes require an additional filing. e Section 9 of instruction sheet.		10	Common	0			
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	this report, including any accompanying schedules and statement and that all statements contained herein are true and correct.			
	FEB 0 4 2016-	Signature of Authorized Representative	1-22-16 Date	
	10007	Joe Dalomba	Date	
FOR SECRETARY OF STATE USE ONLY BY		Print or Type Name of Authorized Representative	/e	

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