

Form No. 630 Revised: 01/2012

## 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 Fee: \$50.00	FAILURE TO F	This report must be ty	ped or printed legit MARCH 31 WILL RE	DIY. SULT IN A \$25.00 PEN	IALTY FEE.
112691	. [	o Construction, I	nc.		
Principal office address     Durfee Hill Road			City Chepachet	State RI	Zip <b>02814</b>
4. Business Phone No. <b>(401) 568-9369</b>			5. State of Incorporation RHODE ISLAND		
6. Brief description of the ch General Construction		s conducted in Rhode Islan	d		
7. LIST <b>ALL</b> OFFICERS (N	IAMES AND ADDI	RESSES) ("X" BOX FOR A	TTACHMENT)		
President Name Robert M. DiSalvo			Vice-President Name None		
Street Address 566 Durfee Hill Road			Street Address		
City Chepachet	State RI	Zip <b>02814</b>	City	State	Zip
Secretary Name Deanna L. DiSalvo			Treasurer Name Deanna L. DiSalvo		
Street Address 566 Durfee Hill Road			Street Address 566 Durfee Hill Road		
City Chepachet	State RI	Zip <b>02814</b>	City Chepachet	State <b>RI</b>	Zip <b>02814</b>
	NAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)		
Director Name Robert M. DiSalvo			Director Name  Deanna L. DiSalvo		
treet Address 566 Durfee Hill Road			Street Address 566 Durfee Hill Road		
city Chepachet	State RI	Zip <b>02814</b>	Chepachet	State RI	Zip <b>02814</b>
NONE			Director Name NONE		
treet Address			Street Address		
lity	State	Zip	City	State	Zip
SHARES AUTHORIZED		1.9	10. SHARES ISSUE	O ("X" BOX FOR ATTACH	IMENT)
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
his Information is currently of record in the Office of the Secretary f State. Changes require an additional filing. ee Section 9 of instruction sheet.			200	COMMON	NO PAR VALUE
This report must be execute	d on behalf of the	corporation by an authorized of be executed on behalf of	d representative. If the other	corporation is in the hands	of a receiver or trustee,
		or by dyddiod o'r boridir o'r		eceiver of trustee. erjury, I declare and affir	m that I have examined
File Date		FILED	this report, including	ng any accompanying so ents contained herein ar	hedules and statements.
Check No By:		MAD 03 2014	Signature of Author	t. ///	1/20/04/
FOR SECRETARY OF STA	TE USE ONLY		. 1	alvo, President	Date 7
rm No. 630	RY	11111	Print or Type Name	of Authorized Representa	tive