



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. 112697		2. Exact name of the Corporation DiSalvo Construction, Inc.			
3. Principal office address 566 Durfee Hill Road		City Chepachet	State RI	Zip 02814	
4. Business Phone No. (401) 568-9369		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island General Construction					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Robert M. DiSalvo			Vice-President Name None		
Street Address 566 Durfee Hill Road			Street Address		
City Chepachet	State RI	Zip 02814	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 02814	City Chepachet	State RI	Zip 02814
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Robert M. DiSalvo			Director Name Deanna L. DiSalvo		
Street Address 566 Durfee Hill Road			Street Address 566 Durfee Hill Road		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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
			200	COMMON	NO PAR VALUE

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

BY **779 DS**

FILED

MAR 03 2016

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.

Robert M. DiSalvo
Signature of Authorized Representative Date **2/24/16**

Robert M. DiSalvo, President

Print or Type Name of Authorized Representative