RI SOS Filing Number: 201696081470 Date: 04/20/2016 4:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | **Email:** corporations@sos.ri.gov | **Website:** www.sos.ri.gov

STAMP

Profit Corporation Annual Report for the year: 2016
Filing period: January 1 - March 1
Filing Fee: $50.00 ***FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID Number	2. Exact name of the Corporation
107599	One-Stop Construction, Inc.

3. Principal Office Address	City	State	Zip
190 Chace Avenue	Providence	RI	02906

4. Business Phone Number	5. State of Incorporation
401-454-8497	Rhode Island

6. Brief description of the character of business conducted in Rhode Island

to engage in the general business of buildings, erecting, renovating and rehabilitation of residential homes,

7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name: Donal P. Dimuccio	Vice-President Name: Joseph D. Forte
Street Address: 29 Fisher Street	Street Address: 190 Chace Avenue
City: North Providence State: RI Zip: 02911	City: Providence State: RI Zip: 02906
Secretary Name: Donald P. Dimuccio	Treasurer Name: Joseph D. Forte
Street Address: 29 Fisher Street	Street Address: 190 Chace Avenue
City: North Providence State: RI Zip: 02911	City: Providence State: RI Zip: 02906

8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐

Director Name: None	Director Name
Street Address	Street Address
City State Zip	City State Zip

9. Shares Authorized	10. Shares Issued Check box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	0	Common	No Par Value

11. 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.

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.

Name of Authorized Representative	Date
Joseph D. Forte	

Signature of Authorized Representative SIGN DOCUMENT HERE

STAMP

Form No. 630
Revised: 2016

FILED
APR 20 2016
BY 8940

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