



**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

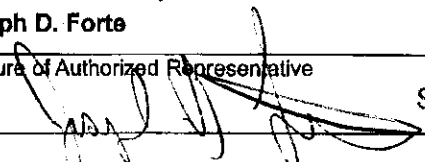
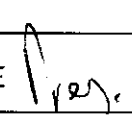
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

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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 107599		2. Exact name of the Corporation One-Stop Construction, Inc.	
3. Principal Office Address 190 Chace Avenue		City Providence	State RI
		Zip 02906	
4. Business Phone Number 401-454-8497		5. State of Incorporation 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	City Providence	State RI
Zip 02911		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	City Providence	State RI
Zip 02911		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	City	State
Zip		Zip	
9. Shares Authorized			
10. Shares Issued Check box to indicate an attachment ☐			
This information is currently of record in the Department of State. Changes require an additional filing.			
NUMBER OF SHARES 0		CLASS/SERIES Common	PAR VALUE 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 Joseph D. Forte			Date
Signature of Authorized Representative 			SIGN DOCUMENT HERE 

FILED

APR 20 2016

BY

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