



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

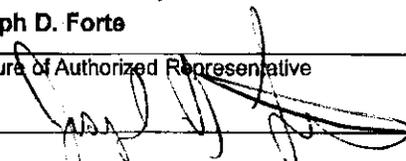
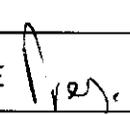
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov



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 <input type="checkbox"/>					
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 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	Zip 02911	City Providence	State RI	
Zip 02911			Zip 02906		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	
Zip			Zip		
9. Shares Authorized		10. Shares Issued Check box to indicate an attachment <input type="checkbox"/>			
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 *02*

APR 20 2016

BY 8940

STAMP

PROPERTY OF STATE OF RHODE ISLAND