



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

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 SECRETARY OF STATE
 CORPORATIONS DIV.

2016 JUL 26 PM 1:44

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 <u>20094311</u>		2. Exact name of the Corporation <u>STF Construction Inc</u>			
3. Principal Office Address <u>JAMES SACCOCCIO</u>			City <u>Chepachet</u>	State <u>RI</u>	Zip <u>02814</u>
4. Business Phone Number <u>(401) 640-9116</u>			5. State of Incorporation <u>RI</u>		
6. Brief description of the character of business conducted in Rhode Island <u>Concrete / Masonry</u>					
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment					
President Name <u>JAMES SACCOCCIO</u>			Vice-President Name <u>Emilio Teole Jr</u>		
Street Address <u>208 CHESTNUT OAK Rd</u>			Street Address <u>48 Pocasset St</u>		
City <u>Chepachet</u>	State <u>RI</u>	Zip <u>02814</u>	City <u>Johnston</u>	State <u>RI</u>	Zip <u>02818</u>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <input type="checkbox"/> 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	CLASS/SERIES	PAR VALUE
			<u>0</u>	<u>0</u>	<u>0</u>
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 <u>JAMES SACCOCCIO</u>				Date <u>7/25/16</u>	
Signature of Authorized Representative <u>James Saccoccio</u> SIGN DOCUMENT HERE					

FILED

JUL 26 2016

STAMP

BY 279935