



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

Annual Report for the year: 2017

Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 66919		2. Exact name of the Corporation J.J. Cardosi, Inc.			
3. Principal Office Address 28 Boston Street		City East Providence		State RI	Zip 02914
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island General contractor			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name John J. Cardosi, Jr.			Vice-President Name None		
Street Address 28 Boston Street			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Secretary Name John J. Cardosi, Jr.			Treasurer Name John J. Cardosi, Jr.		
Street Address 28 Boston Street			Street Address 28 Boston Street		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
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
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued			Check the box to indicate an attachment ☐		
NUMBER OF SHARES			CLASS/SERIES		PAR VALUE
100			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 John J. Cardosi, Jr., President					
Signature of Authorized Representative					

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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1-4-17
JAN 13 2017
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FORM 630 - Revised: 10/2016