



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 39489		2. Exact name of the Corporation ROBERT DAPONTE CONSTRUCTION, INC			
3. Principal Office Address 36 DARTMOUTH STREET		City BRISTOL		State RI	Zip 02809
4. NAICS Code 23 - Construction	6. Brief description of the character of business conducted in Rhode Island GENERAL CONTRACTOR				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ROBERT DAPONTE			Vice-President Name ROBERT DAPONTE		
Street Address 36 DARTMOUTH STREET			Street Address 36 DARTMOUTH STREET		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Secretary Name ROBERT DAPONTE			Treasurer Name ROBERT DAPONTE		
Street Address 36 DARTMOUTH STREET			Street Address 36 DARTMOUTH STREET		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ROBERT DAPONTE			Director Name		
Street Address 36 DARTMOUTH STREET			Street Address		
City BRISTOL	State RI	Zip 02809	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
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 <input type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		COMMON		1.00	
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 ROBERT DAPONTE					Date 1/10/17
Signature of Authorized Representative <i>Robert Daponte</i>					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED
JAN 13 2017

BY **4870 DS**