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State of Rhode Island and Providence Plantations

## Department of State , Business Services Division

al Report for the year: 2017 ration

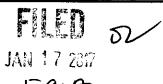
- ng period: January 1 March 1

→ Penalty: Additional \$25.00	fee if form is not	t filed by April 1.							
1. Entity ID Number	2. Exact name of the Corporation								
487846	Unlimited Construction Co., Inc.								
3. Principal Office Address	•		City	•	State		Zip		
96 Cooper Avenue			Woonsock	et	RI		02895		
4. NAICS Code				conducted in Rhode	Island				
23 - Construction	Residential and commercial construction								
5. State of Incorporation									
Rhode Island									
7. List ALL officers (names and ad	dresses)			Ched	k the box to	indicate a	n attachment		
President Name Dennis Losardo			Vice-Presider	Vice-President Name  Dennis Losardo					
Street Address 196 Cooper Avenue				Street Address 196 Cooper Avenue					
City Woonsocket	State RI	<sup>Zip</sup> 02895		City 02895Woonsocket			<sup>Zip</sup> 02895		
Secretary Name Dennis Losardo	tary Name Dennis Losardo			Treasurer Name Dennis Losardo					
Street Address 196 Cooper Avenue				Street Address 196 Cooper Avenue					
City Woonsocket	State RI	<sup>Zip</sup> 02895	City Woonsocket		State RI		<sup>Zip</sup> 02895		
8. List ALL directors (names and addresses)			Check the box to indicate an attachment						
Director Name Dennis Losardo		Director Name	Director Name						
Street Address 196 Cooper Avenue		Street Address							
City Woonsocket	State RI	Zip 02895	City	City			Zip		
Director Name			Director Name						
Street Address			Street Address	Street Address					
City	State	Zip	City		State		Zip		
9. Shares Authorized		10. Shares Iss		Chec	k the box to i	ndicate a	n attachment 🔲		
Department of State. 250			NUMBER OF SHARES		ES	PAR VALUE			
		250		Common		No Par			
Changes require an additional filing.									
11. This report must be executed or	n behalf of the co	rporation by an a	authorized repres	entative. If the corp	oration is in	the hands	of a receiver or		
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									
onder penalty of perjury, I deciar statements, and that all statemen	e and amirm tha ats contained he	it i nave examin erein are true an	ed this report, ii d correct.	ncluding any acco	mpanying s	chedules	and		
Name of Authorized Representative					Date				
Dennis Losardo					1-14	-17			
Signature of Authorized Representa	Ø₹e	<del></del>			12 5 6.				
SIGN DOCUMENT HERE									
	<del></del>								

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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