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	2. Exact name of the Corporation
84730	**Testoni Construction, Inc.**

3. Principal Office Address	City	State	Zip
10 Suddard Lane	**North Scituate**	**RI**	**02857**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
23 - Construction	**HOME AND COMMERCIAL BUILDING AND IMPROVEMENTS**
5. State of Incorporation: **Rhode Island**	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Livio L. Testoni**			Vice-President Name **Judy Testoni**		
Street Address **10 Suddard Lane**			Street Address **10 Suddard Lane**		
City **North Scituate**	State **RI**	Zip **02857**	City **North Scituate**	State **RI**	Zip **02857**
Secretary Name **Judy Testoni**			Treasurer Name **Livio L. Testoni**		
Street Address **10 Suddard Lane**			Street Address **10 Suddard Lane**		
City **North Scituate**	State **RI**	Zip **02857**	City **North Scituate**	State **RI**	Zip **02857**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name **None**			Director Name **None**		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name **None**			Director Name **None**		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**500**	**Common**	**No Par**

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	Date
Livio L. Testoni	1-29-17

Signature of Authorized Representative: ✓ Livio L. Testoni

FILED
JAN 30 2017
BY 7778

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

FORM 630 - Revised: 10/2016