



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 124819		2. Exact name of the Corporation R. Cardillo & Sons, Inc.			
3. Principal Office Address 1587 Plainfield Pike			City Johnston	State RI	Zip 02919
4. NAICS Code 23		6. Brief description of the character of business conducted in Rhode Island Delivery and construction services and any other lawful purpose			
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 D. Cardillo			Vice-President Name Robert N. Cardillo		
Street Address 206 Shun Pike			Street Address 206 Shun Pike		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Robert D. Cardillo			Treasurer Name Robert D. Cardillo		
Street Address 206 Shun Pike			Street Address 206 Shun Pike		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Robert D. Cardillo			Director Name Robert N. Cardillo		
Street Address 206 Shun Pike			Street Address 206 Shun Pike		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State.  Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			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 Robert D. Cardillo			<b>FILED</b>		
Signature of Authorized Representative <i>Robert D. Cardillo</i>			Date 1/23/17		
			FEB 08 2017		
			SIGN DOCUMENT HERE		

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

BY [Signature]