State of Rhode Island	and Providence F	Plantations					
Department of S Annual Report for the y	State - Busin		Division		; ;	S P	
Corporation	year: 2017		_			The second secon	
→ Filing period: January 1	March 1		_		-		
→ Filing Fee: \$50.00	- Water				-	Self of the self o	
→ Penalty: Additional \$25.00	O fee if form is no	ot filed by April 1.			· ·	2	
1. Entity ID Number	2. Exact nam	ne of the Corporation	n		Ú	n n	
1100202	401 Constru	•					
3. Principal Office Address			City		State	Zip	
464 Academy Avenue			Providence	9	RI	02908	
4. NAICS Code	6. Brief descr	ription of the charac	ter of business o	conducted in Rhode Isl	and		
23 - Construction	General Re	General Residential and Commercial Construction					
5. State of Incorporation	⊣						
Rhode Island							
7. List ALL officers (names and a	addresses)				ne box to indicat	te an attachment 🔲	
President Name Frank N. DiMaio), Jr.		Vice-Presiden	nt Name Frank N. DiMai	io, Jr.		
Street Address 86 Erie Street	<u>-</u>		Street Address	^S 86 Erie Street	State RI		
^{City} Providence	State RI	^{Zip} 02908	City Provide	City Providence		^{Zip} 02908	
Secretary Name Frank N. DiMaio), Jr.			^{me} Frank N. DiMaio, Ji	r.		
Street Address 86 Erie Street			Street Address	86 Erie Street			
City Providence	State RI	^{Zip} 02908	City Provide	nce	State RI	^{Zip} 02908	
8. List ALL directors (names and	addresses)		Director Name		ne box to indicate	e an attachment 🔲	
Director Name Frank N. DiMaio,	Jr.		DIFECTOR INATING	}			
Street Address 86 Erie Street			Street Address	5			
City Providence	State RI	^{Zip} 02908	City		State	Zip	
Director Name			Director Name	Director Name			
Street Address			Street Address	3	,		
City	State	Zip	City		State	Zip	
9. Shares Authorized This information is currently of rec	to the	10. Shares Issu		Check th	e box to indicate	e an attachment L	
This information is currently of rec Department of State.		500	SHARES	Common		PAR VALUE	
Changes require an additional filin	-					5.100	
11. This report must be executed trustee, this report must be execu	uted on behalf of t	the corporation by t	the receiver or tru	rustee.			
Under penalty of perjury, I deci statements, and that all statem Name of Authorized Representat	nents Gontained i			ncluding any accomp	Date	les and	
Frank N. DiMaio, Jr.	Jul L	Jh f	<u> </u>		2-17-	.17	
Signature of Authorized Represer	ntative	SIGN DOC	CUMENT HERE	FI	LED		

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: 02/2017