RI SOS Filing Number: 201737259000 Date: 3/2/2017 4:00:00 PM

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orate 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

→ Penalty: Additional \$25.00		• •							
1. Entity ID Number 1664643		2. Exact name of the Corporation CARDENTE CONSTRUCTION, INC.							
3. Principal Office Address	•		City		State	State Zip			
11 FREDERICK DRIVE			BARRINGTO	N	RI	02806			
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island								
23 - Construction	GENERAL CONSTRUCTION WORK								
5. State of Incorporation									
RHODE ISLAND									
7. List ALL officers (names and a	iddresses)				the box to	indicate an attachment			
President Name RALPH CARDENTE			Vice-President Name SAME						
Street Address 11 FREDERICK DRIVE			Street Address						
City BARRINGTON	State RI	^{Zip} 02806	City	City		Zip			
Secretary Name SAME	Treasure			er Name					
Street Address		Street Address							
City	State	Zip	City		State	Zip			
8. List ALL directors (names and	addresses)			Check	the box to	indicate an attachment			
Director Name RALPH CARDENTE Director Name									
Street Address 11 FREDERICK DRIVE		Street Address							
City BARRINGTON	State RI	^{Zip} 02806	City		State	Zip			
Director Name			Director Name	Director Name					
Street Address			Street Address						
City	State	Zip	City		State	Zip			
9. Shares Authorized		10. Shares Iss	sued	Check	the box to	indicate an attachment			
This information is currently of rec	ord in the	NUMBER OF SHARES		CLASS/SERIES PAR VALUE					
Department of State.		100		COMMON		NPV			
Changes require an additional filing.									
11. This report must be executed	on behalf of the	corporation by an	authorized represe	entative. If the corpo	ration is in	the hands of a receiver or			
trustee, this report must be execu	ited on behalf of	f the corporation by	the receiver or tru	stee.					
Under penalty of perjury, I decl statements, and that all statem				cluding any accon	npanying s	schedules and			
Name of Authorized Representati					Date				
RALPH CARDENTE									
Signature of Authorized Represer	ntative								
Raph Cardente SIGN DOCUMENT HAR 0 2 2017									
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Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov BY 7026 D