



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 83780		2. Exact name of the Corporation JACAVONE CONSTRUCTION CORP.			
3. Principal Office Address 1461 Atwood Avenue			City Johnston	State RI	Zip 02919
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF EXCAVATING, LANDSCAPING, AND CONSTRUCTION.			
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 Dino Jacavone			Vice-President Name NONE		
Street Address 5 French Lane			Street Address		
City North Scituate	State RI	Zip 02857	City	State RI	Zip
Secretary Name Dino Jacavone			Treasurer Name Dino Jacavone		
Street Address 5 French Lane			Street Address 5 French 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 <input type="checkbox"/>					
Director Name Dino Jacavone			Director Name NONE		
Street Address 5 French Lane			Street Address		
City North Scituate	State RI	Zip 02857	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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		100		Common	
				No Par Value	
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. <i>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.</i>					
Name of Authorized Representative Dino Jacavone				Date 3/20/2017	
Signature of Authorized Representative <i>Dino Jacavone</i>					

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

FILED
 MAR 20 2017
 BY 10951 DS