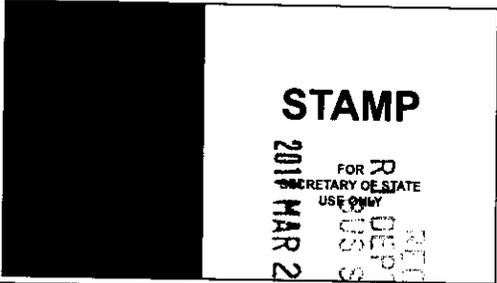


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 17153	2. Exact name of the Corporation RADO CONST. CO. INC		
3. Principal Office Address 857 MINERAL SPRING AVE.		City PAWTUCKET	State RI
4. NAICS Code		6. Brief description of the character of business conducted in Rhode Island GENERAL CONTRACTOR	
5. State of Incorporation RI		Zip 02860	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name ANTHONY M. RADO		Vice-President Name MICHAEL J. RADO	
Street Address 6 BROOKDALE ROAD		Street Address 9 VERNON ST.	
City NO. PROV.	State RI	City SMITHFIELD	State RI
Zip 02904		Zip 02828	
Secretary Name CHRISTINE P. RADO		Treasurer Name ANTHONY M. RADO	
Street Address 6 BROOKDALE ROAD		Street Address 6 BROOKDALE ROAD	
City NO. PROV.	State RI	City NO. PROV.	State RI
Zip 02904		Zip 02904	

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name ANTHONY M. RADO		Director Name MICHAEL J. RADO	
Street Address 6 BROOKDALE ROAD		Street Address 9 VERNON ST.	
City NO. PROV.	State RI	City SMITHFIELD	State RI
Zip 02904		Zip 02828	
Director Name CHRISTINE P. RADO		Director Name	
Street Address 6 BROOKDALE ROAD		Street Address	
City NO. PROV.	State RI	City	State
Zip 02904		Zip	

9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.	10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100	NO	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.
 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 ANTHONY M. RADO	Date 3/27/17
Signature of Authorized Representative <i>[Signature]</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 27 2017
 BY *[Signature]* 899306