

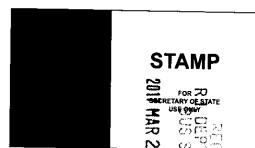
State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Corporation

2017

→ Filing period: January 1 - March 1 → Filing Fee: \$50.00



→ Penalty: Additional \$25.00	fee if form is not	filed by April 1.				R 555
1. Entity ID Number	2. Exact name	of the Corporation				
17/53	RA	00 Con	5- Ca	1NG		
3. Principal Office Address			City		State	- Zig< >
857 MINERA	L SPRIN	6 AR.	PAW	TUCKET	KI	
4. NAICS Code	6. Brief descrip	otion of the characte	r of business o	conducted in Rhode	sland	
ľ						
5. State of Incorporation	1 ,					
R I	6	ENERAL	CONT	RACTOR		
7. List ALL officers (names and ad	dresses)			Check	the how to inc	lianta and a lianta di lia
President Name	4.0		Vice-Presiden	t Name	0	icate an attachment
Street Address			MICHARI J. KADO			
6 BROOKDALE	ROAD		Street Address	S		
City	State -	Zip	City	KRNON:	State	. Zip
No. Prov.	RI	02904	SMIT	Mélo	KI	02828
Secretary Name LMRISTINE F	RADO		Treasurer Nan		200	
Street Address			Street Address			
6 BROOK OALE	2040			ROOKDALL	ROAD	
City NO. PROV.	State	Zip 02404	City		State 1	Zip
8. List ALL directors (names and a	ddresses)	00707	NJ.	PROV.	112	01904
Director Name			Director Name	Check	_	icate an attachment
ANATONY M. KADO			MILHALL J. RADO			
Street Address			Street Address			
City OR PROOKVALE K	State	Zip	City	RNON ST	10000	
NO. 1200.	KI	02404		Mejér	State RJ	Zip 01818
Director Name	2 110 0		Director Name			
CHRISTING P. RUDO Street Address			Charle & delegan			
6 BROOKDALE	ROAD		Street Address	•		
O.4.	State -	2ip 0 2404	City		State	Zip
No. PAUV.	RI					
9. Shares Authorized This information is currently of recor	rd in the	10. Shares Issue		Check CLASS/SERIES	the box to indi	cate an attachment PAR VALUE
Department of State.	-					
Changes require an additional filing.		100		NO		NO DAR VALVE
		1				,
11. This report must be executed o	n behalf of the co	orporation by an aut	horized repres	entative. If the corpo	ration is in the	hands of a receiver or
trustee, this report must be execute Under penalty of perjury, I declar	a on benait of th	e corporation by the	: receiver or tri	ustee		
statements, and that all statemel	nts contained he	erein are true and c	correct.	iciuding any accon	ipanying sch	edules and
Name of Authorized Representative	•	•			Date	
ANDliny m.		FILED			77/17	
Signature of Authorized Representative FILED 3/27/17 MAD 9.7 2017						
1111 tute at 2017						
MAIL TO:		<u> </u>	MAK Z	7 2017	-	
MAIL IO.			- 11	1 12/1/2010	.•	

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov BY (1 29930 4