

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.

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1. Entity ID Number <u>17153</u>		2. Exact name of the Corporation <u>RADO CONST. CO. INC</u>	
3. Principal Office Address <u>857 MINERAL SPRING AVE.</u>		City <u>PAWTUCKET</u>	State <u>RI</u>
4. NAICS Code		6. Brief description of the character of business conducted in Rhode Island <u>GENERAL CONTRACTOR</u>	
5. State of Incorporation <u>RI</u>		7. List ALL officers (names and addresses)	
President Name <u>ANTHONY M. RADO</u>		Vice-President Name <u>MICHAEL J. RADO</u>	
Street Address <u>6 BROOKDALE ROAD</u>		Street Address <u>9 VERNON ST.</u>	
City <u>NO. PROV.</u>	State <u>RI</u>	City <u>SMITHFIELD</u>	State <u>RI</u>
Zip <u>02904</u>		Zip <u>02828</u>	
Secretary Name <u>CHRISTINE P. RADO</u>		Treasurer Name <u>ANTHONY M. RADO</u>	
Street Address <u>6 BROOKDALE ROAD</u>		Street Address <u>6 BROOKDALE ROAD</u>	
City <u>NO. PROV.</u>	State <u>RI</u>	City <u>NO. PROV.</u>	State <u>RI</u>
Zip <u>02904</u>		Zip <u>02904</u>	
8. List ALL directors (names and addresses)		Check the box to indicate an attachment <input type="checkbox"/>	
Director Name <u>ANTHONY M. RADO</u>		Director Name <u>MICHAEL J. RADO</u>	
Street Address <u>6 BROOKDALE ROAD</u>		Street Address <u>9 VERNON ST.</u>	
City <u>NO. PROV.</u>	State <u>RI</u>	City <u>SMITHFIELD</u>	State <u>RI</u>
Zip <u>02904</u>		Zip <u>02828</u>	
Director Name <u>CHRISTINE P. RADO</u>		Director Name	
Street Address <u>6 BROOKDALE ROAD</u>		Street Address	
City <u>NO. PROV.</u>	State <u>RI</u>	City	State
Zip <u>02904</u>		Zip	
9. Shares Authorized		10. Shares Issued	
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES <u>100</u>	CLASS/SERIES <u>NO</u>
			PAR VALUE <u>NO PAR VALUE</u>
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 <u>ANTHONY M. RADO</u>		Date <u>3/27/17</u>	
Signature of Authorized Representative <u>[Signature]</u>		FILED	

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

BY [Signature] 899306
MAR 27 2017