



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2016**

## Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

 2017 APR 25 AM 10:28  
 RI SOS  
 DEPT OF STATE  
 BUSINESS SERVICES DIV

1. Entity ID Number <b>794448</b>		2. Exact name of the Corporation <b>Allied Construction Management, Inc</b>	
3. Principal Office Address <b>2109 Heck Ave</b>		City <b>Neptune</b>	State <b>NJ</b>
		Zip <b>07753</b>	
4. NAICS Code <b>23 - Construction</b>	6. Brief description of the character of business conducted in Rhode Island <b>General Contractor - Hotel Renovation</b>		
5. State of Incorporation <b>NJ</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Robert P Smith</b>		Vice-President Name <b>Pedro Lescaille</b>	
Street Address <b>2516 Autumn Dr</b>		Street Address <b>234 E. Colliers Mill Rd</b>	
City <b>Manasquan</b>	State <b>NJ</b>	City <b>New Egypt</b>	State <b>NJ</b>
Zip <b>08736</b>		Zip <b>08533</b>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	CLASS/SERIES
		1000	Common
			PAR VALUE
			\$1.00
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 <b>Robert P Smith</b>		Date <b>4/24/2017</b>	
Signature of Authorized Representative <i>[Signature]</i>			

FILED

APR 25 2017

BY

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A.A. 10:31 A.M.

MAIL TO:

Division of Business Services

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