



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

FILED

Annual Report for the year: **2016**

Corporation

AUG 09 2017
 BY *alc* 3:20pm
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 2017 AUG - 9 PM 3: 7
 R.I. DEPT. OF STATE
 BUS SVCS DIV

- 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 19181		2. Exact name of the Corporation Imperatore Liquidating, Inc.			
3. Principal Office Address 64 ORCHARD DRIVE			City CRANSTON	State RI	Zip 02920
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island DESIGNING AND ERECTING STEEL ERECTORS			
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 EDWARD J. IMPERATORE			Vice-President Name NONE		
Street Address 64 ORCHARD DRIVE			Street Address		
City CRANSTON	State RI	Zip 02920	City	State	Zip
Secretary Name A. MICHAEL ACCIARDO III			Treasurer Name ANNE J. IMPERATORE		
Street Address 7 WHITE BIRCH ROAD			Street Address 64 ORCHARD DRIVE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name FELICIA IMPERATORE			Director Name ANN-ELIZABETH IMPERATORE		
Street Address 200 EAST 57TH STREET, APT. 7G			Street Address 30 SHERWOOD DRIVE		
City NEW YORK	State NY	Zip 10022	City HOPE	State RI	Zip 02831
Director Name MELODY IMPERATORE ACCIARDO			Director Name ANGELA HILLIARD		
Street Address 7 WHITE BIRCH ROAD			Street Address 16 SOUTH RIVER DRIVE		
City CRANSTON	State RI	Zip 02920	City NARRAGANSETT	State RI	Zip 02882
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	PAR VALUE
		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. 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 GARY B. CAPLINGER					Date 8-5-17
Signature of Authorized Representative <i>Gary B. Caplinger</i>			SIGN DOCUMENT HERE		

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