



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.

 RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

2018 JAN 10 PM 1:45

1. Entity ID Number 000891188		2. Exact name of the Corporation SAL DEGIACOMO CONSTRUCTION, INC.			
3. Principal Office Address 16 EDGEWOOD AVENUE			City ASHAWAY	State RI	Zip 02804
4. NAICS Code 236115	6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION OF SINGLE FAMILY RESIDENTIAL HOMES.				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐
President Name SALVATORE DEGIACOMO			Vice-President Name		
Street Address 16 EDGEWOOD AVENUE			Street Address		
City ASHAWAY	State RI	Zip 02804	City	State	Zip
Secretary Name SALVATORE DEGIACOMO			Treasurer Name SALVATORE DEGIACOMO		
Street Address 16 EDGEWOOD AVENUE			Street Address 16 EDGEWOOD AVENUE		
City ASHAWAY	State RI	Zip 02804	City ASHAWAY	State RI	Zip 02804
8. List ALL directors (names and addresses)					Check the box to indicate an attachment ☐
Director Name N/A			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment ☐			
		NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE 0.0000	
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 SALVATORE DEGIACOMO				Date 1/8/2018	
Signature of Authorized Representative 				Date 1/10/2018	
SIGN DOCUMENT HERE				BY <u>ce 321509</u> 1:47	

MAIL TO:

Division of Business Services

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