RI SOS Filing Number: 201856397580 Date: 1/18/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:	
•	2018
Corporation	<u> </u>

→ 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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	JAN 1 8 2018	
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1. Entity ID Number	2. Exact na	2. Exact name of the Corporation							
124819	R. Card	R. Cardillo & Sons, Inc.							
3. Principal Office Address			City		State	Zip			
1587 Plainfield Pi	ke		Johnston		RI	C2919			
4. NAICS Code	6. Brief des	cription of the chara				•			
404:10	Deliver	Delivery and consruction services and any other lawful purpose							
484110	—								
5. State of Incorporation									
Rhode Island									
7. List ALL officers (names a	nd addresses)			Chec	k the box to indi	cate an attachment			
President Name	•		Vice-President Name						
Robert D. Cardillo			Robert N. Cardillo						
Street Address			Street Address						
206 Shun Pike			206 Shun	Pike					
City	State	Zıp	City	- · · · -	State	Zıp			
Johnston	RI	02919	Johnston		RI	02919			
Secretary Name				Treasurer Name					
Robert D. Cardillo				. Cardillo					
Street Address				Street Address					
206 Shun Pike	T_	T-	206 Shun	- Pike	_ ,	T=.			
City	State	Zip	City		State	Zip			
Johnston	RI	02919	Johnston		RI	02919			
8 List ALL directors (names	and addresses)		In:		ck the box to indi	cate an attachment			
Director Name			Director Name Robert N. Cardillo						
Robert D. Cardillo Street Address									
Street Address 206 Shun Pike			Street Address 206 Shun Pike						
City	State	Zip	City	rike	State	Zip			
Johnston	RI	02919	Johnston		RI	02919			
Director Name	1142	02313	Director Name			102.5.5			
				•					
Street Address			Street Agdress						
City	State	Zip	City		State	Zip			
			1		L_				
9. Shares Authorized	· · · -		10. Shares Issued		Check the box to indicate an attachment				
This information is currently o	of record in the	NUMBER	OF SHARES	C_ASS/SEF		PAR VALUE			
Department of State.			500						
Changes require an additiona	l filina.		500	Common		No Pa			
-	· ······ g ·				ĺ				
11. This report must be exec	cuted on behalf of th	ne corporation by an	authorized renre	sentative. If the con	poration is in the	hands of a receiver o			
trustee, this report must be e					F = 7 = 1.0 1.1 1.10				
Under penalty of perjury, I	declare and affirn	n that I have exami	ned this report, i		ompanying sch	edules and			
statements, and that all sta		<u>ia nerein are true a</u>	na correct.		IData				
Name of Authorized Represe			Date	(<u>-</u>					
Robert D. Cardillo						18			
Signature of Authorized Rep									
Polato (en delle								
- The state of the	70/66								

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri gov