



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2018**  
Corporation

→ 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 <b>83780</b>		2. Exact name of the Corporation <b>JACAVONE CONSTRUCTION CORP.</b>			
3. Principal Office Address <b>1461 Atwood Avenue</b>			City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
4. NAICS Code <b>238910</b>		6. Brief description of the character of business conducted in Rhode Island <b>TO ENGAGE IN THE BUSINESS OF EXCAVATING, LANDSCAPING, AND CONSTRUCTION.</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Dino Jacavone</b>			Vice-President Name <b>NONE</b>		
Street Address <b>5 French Lane</b>			Street Address		
City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>	City	State	Zip
Secretary Name <b>Dino Jacavone</b>			Treasurer Name <b>Dino Jacavone</b>		
Street Address <b>5 French Lane</b>			Street Address <b>5 French Lane</b>		
City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>Dino Jacavone</b>			Director Name <b>NONE</b>		
Street Address <b>5 French Lane</b>			Street Address		
City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>	City	State	Zip
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
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 <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<b>100</b>	<b>Common</b>	<b>No Par Value</b>	
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.					
<b>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.</b>					
Name of Authorized Representative <b>Dino Jacavone</b>					Date <b>2-11-2018</b>
Signature of Authorized Representative 					SIGN DOCUMENT HERE <b>FILED</b>

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

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