RI SOS Filing Number: 201859138900 Date: 2/23/2018 4:00:00 PM

/ E37 \
IDUI
LADAL
1

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.

SECRETARY OF STATE CORPORATIONS 2018 FED. 2
2018 FEB 23 PM 2: 11.

1 Entity ID Number	2. Exact name of the Corporation									
122196		Imperatore Steel Erectors, Inc.								
3. Principal Office Address			City		State	Zip				
2550 Plainfield Pike			Cranston		RI	02921				
4 NAICS Code 23415	6. Brief desc	ription of the chara	cter of business of	conducted in Rhode	Island	•				
23 - Construction	Construction									
5. State of Incorporation										
Rhode Island			_							
7. List ALL officers (names and a	addresses)		Isaa Dansidaa		k the box to i	indicate an attachment 🔲				
President Name Brad Bilodeau			Vice-President Name Brad Bilodeau							
Street Address 2550 Plainfield Pike			Street Address 2550 Plainfield Pike							
City Cranston	State RI	Žip 02921	City Cranston		State RI	^{Zip} 02921				
Secretary Name Brad Bilodeau			Treasurer Name Brad Bilodeau							
Street Address 2550 Plainfield Pike			Street Address 2550 Plainfield Pike							
^{City} Cranston	State RI	Zip 02921	City Cranston		State RI	^{Zip} 02921				
8. List ALL directors (names and	addresses)			Chec	k the box to i	indicate an attachment 🔲				
Director Name NONE			Director Name NONE							
Street Address			Street Address							
City	State	Zip	City		State	Zip				
Director Name NONE			Director Name NONE							
Street Address		<u> </u>	Street Address	S						
City	State	Zip	City		State	Zip				
9. Shares Authorized	l	10. Shares Is	sued	Chec	k the box to i	ndicate an attachment				
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES PAR VALUE						
Changes require an additional filling.		600		Common		No Par Value				
11. This report must be executed trustee, this report must be executed					oration is in	the hands of a receiver or				
Under penalty of perjury, I dec	lare and affirm	that I have examir	ed this report, i		mpanying s	chedules and				
statements, and that all staten Name of Authorized Representa		i nerein are true ai	na correct.		Date					
Brad Bilodeau, President	FIL				2	/2/2018				
Signature of Authorized Represe	entative	SIGN DO	CUMENT \$10							
MINUL	<u>MI</u>		FEB 43 E	- 0.5)					

MAÍL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri gov BY_CYD325259

FORM 630 - Revised: 10/2016