



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.

RECEIVED STATE
 SECRETARY OF STATE
 CORPORATIONS DIVISION
 2018 FEB 23 PM 2:14

1. Entity ID Number 122196		2. Exact name of the Corporation Imperatore Steel Erectors, Inc.			
3. Principal Office Address 2550 Plainfield Pike			City Cranston	State RI	Zip 02921
4. NAICS Code 236115 23 - Construction		6. Brief description of the character of business conducted in Rhode Island Construction			
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 Brad Bilodeau			Vice-President 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
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) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
		600	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. <i>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.</i>					
Name of Authorized Representative Brad Bilodeau, President					Date 2/2/2018
Signature of Authorized Representative <i>Brad Bilodeau</i>					

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

FILED
 SIGN DOCUMENT HERE
 FEB 23 2018
 BY 0325259