RI SOS Filing Number: 201859524460 Date: 2/28/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

Corporation

→ 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	2. Exact name of the Corporation		
827497	**High Tech Construction of RI, Inc.**		
3. Principal Office Address	City	State	Zip
888 Lonsdale Avenue	**Central Falls**	**RI**	**02863**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
23 - Construction	**Construction**		
5. State of Incorporation	236118		
Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Joe DaLomba**			Vice-President Name **Joe DaLomba**		
Street Address **888 Lonsdale Avenue**			Street Address **888 Lonsdale Avenue**		
City **Central Falls**	State **RI**	Zip **02863**	City **Central Falls**	State **RI**	Zip **02863**
Secretary Name **Joe DaLomba**			Treasurer Name **Joe DaLomba**		
Street Address **888 Lonsdale Avenue**			Street Address **888 Lonsdale Avenue**		
City **Central Falls**	State **RI**	Zip **02863**	City **Central Falls**	State **RI**	Zip **02863**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name **Joe DaLomba**			Director Name		
Street Address **888 Lonsdale Avenue**			Street Address		
City **Central Falls**	State **RI**	Zip **02863**	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**10**	**Common**	**0**

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		Date
Joe DaLomba	FILE	2-6-18
Signature of Authorized Representative	SIGN DOCUMENT HERE	FEB 28 2018

BY 168305

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

FORM 630 - Revised 02/2017