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	
Rhode Island	236118

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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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