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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

1. Entity ID Number	2. Exact nan	2. Exact name of the Corporation					
152526	F. T. CO	F. T. CONSTRUCTION CO., INC.					
3. Principal Office Address	ddress			,		State Zip	
55 WOODLAWN AVE.			BRISTOL		Ri	02809	
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island					
53110	CONSTRU	CONSTRUCTION/RENOVATION AND/OR REPAIR OF EXISTING HOMES, BUILDINGS, ETC.,					
5. State of Incorporation	TOGETHE	TOGETHER WITH PURCHASING, SELLING, AND/OR DEVELOPING OF REAL ESTATE AS WELL					
RHODE ISLAND	AS ALL RE	AS ALL RELATED ENDEAVORS					
7. List ALL officers (names and	d addresses)				the box to i	ndicate an attachment	
President Name FRANCISCO C. DAPONTE			Vice-President Name THERESA J. DAPONTE				
Street Address 55 WOODLAWN AVE.			Street Address 55 WOODLAWN AVE.				
City BRISTOL	State RI	^{Zip} 02809	City BRISTO	City BRISTOL		^{Zip} 02809	
Secretary Name FRANCISCO C. DAPONTE			Treasurer Name THERESA J. DAPONTE				
Street Address 55 WOODLAWN AVE.			Street Address 55 WOODLAWN AVE.				
City BRISTOL	State RI	Zip 02809	City BRISTOL		State RI	^{Zıp} 02809	
8. List ALL directors (names ar	nd addresses)			Check	the box to i	indicate an attachment	
Director Name FRANCISCO C.	DAPONTE		Director Nam	THERES J. DAPON	TE		
Street Address 55 WOODLAWN AVE.			Street Address 55 WOODLAWN AVE.				
City BRISTOL	State RI	Zip 02809	City BRISTOL		State RI	Zip 02809	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
O. Charae Authorized		40. Chana - Ia		05 1-	45 - 5 3 - 3		
9. Shares Authorized This information is currently of record in the		10. Shares Is:	SUBO OF SHARES	Check the box to indicate an attachment CLASS/SERIES PAR VALUE			
Department of State. Changes require an additional filling.		200	200			NO PAR	
11. This report must be execut	ed on behalf of the	corporation by an	authorized repre	I sentative. If the corpo	ration is in	the hands of a receiver or	
trustee, this report must be exc							
Under penalty of perjury, I de statements, and that all state				including any accon	npanying s	chedules and	
Name of Authorized Represen		i nerem are due ar	na correct.		Date	1	
FRANCISCO C. DAPONTE	FI	FILED 1/17/18					
Signature of Authorized Repre	sentative /		11	LEU	1 .	· -	
Francisco	Dallont	SIGN DO	CUMENT HERE	2 8 2018 0			
MAIL TO:				. 0			

Division of Business Services

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

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