RI SOS Filing Number: 201872881780 Date: 7/27/2018 9:56:00 AM



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.

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SECRETARY OF STATE 2010 JUL 27	STAMP
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1. Entity ID Number	Entity ID Number 2. Exact name of the Corporation							
000965302	IMPERIA	IMPERIAL RESTORATION CONSTRUCTION CORP						
3. Principal Office Address			City		State	Zip		
C/O BTTR LLC, 10 DORRANCE STREET SUITE 700		PROVIDENC	E	RI	02903			
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island						
238990	MITIGATIO	MITIGATION AND CONSTRUCTION						
5. State of Incorporation		7						
RI								
7. List ALL officers (names an	d addresses)			Check	the box to	indicate an attachment 🔲		
President Name MICHAEL BRESETTE			Vice-President Name					
Street Address C/O BTTR LLC, 10 DORRANCE ST., SUITE 700			Street Address					
City PROVIDENCE	State RI	^{Zip} 02903	City		State	Zip		
Secretary Name	<u></u>			Treasurer Name MICHAEL BRESETTE				
Street Address		Street Address C/O BTTR LLC, 10 DORRANCE ST., SUITE 700						
City	State	Zip	City PROVIDENCE		State RI	^{Zip} 02903		
8. List ALL directors (names a	ind addresses)	•		Chec	the box to	indicate an attachment 🔲		
Director Name			Director Name					
Street Address		Street Address						
City	State	Zip	City		State	Zıp		
Director Name	•		Director Name					
Street Address			Street Address					
City	State	Zip	City	 	State	Zip		
9. Shares Authorized		10. Shares Issued Ch		Check	heck 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 filling.		1000		COMMON		\$0.01		
		- 1						
11. This report must be execu	ited on behalf of the	corporation by an	authorized represe	entative. If the corp	oration is in	the hands of a receiver or		
trustee, this report must be ex	ecuted on behalf of	the corporation by	the receiver or tru	istee.				
Under penalty of perjury, I o statements, and that all stat	feciare and affirm : tements contained	that i have examin I herein are true ar	ied this report, in nd correct.	cluding any acco	mpanying s	chedules and		
Name of Authorized Representative				Date				
LEONARD J. APPEL, CPA, POA				07/18/2018				
Signature of Authorized Repre	eaentative	V. CPA	CUMENT HERE	FILED				

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov JUL 2 7 2018

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FORM 630 - Revised: 10/2017

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