



State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATIONS DIV

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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 00094311		2. Exact name of the Corporation S+F Construction Inc			
3. Principal Office Address 208 Chestnut Oak Rd		City Chepachet	State RI	Zip 02814	
4. NAICS Code 238140		5. Brief description of the character of business conducted in Rhode Island concrete/masonry			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>					
President Name James Saccoccio			Vice-President Name Emilio Fede		
Street Address 208 Chestnut Oak Rd			Street Address 48 Pocasset St		
City Chepachet	State RI	Zip 02814	City Johnston	State RI	Zip 02919
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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: <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/PERF	PAR VALUE
			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 JAMES SACCOCCIO				Date 9/11/18	
Signature of Authorized Representative <i>James Saccoccio</i>				FILED	

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BY CU 448E8