



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.

STAMP

1. Entity ID Number 99979		2. Exact name of the Corporation F & P Barone Construction Inc.			
3. Principal Office Address 14 D'Ercole Dr		City Cranston		State RI	Zip 02920
4. NAICS Code 23 6118		6. Brief description of the character of business conducted in Rhode Island To operate a construction company			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Francesco Barone			Vice-President Name Francesco Barone		
Street Address 14 D'Ercole Dr			Street Address 14 D'Ercole Dr		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Same as above			Treasurer Name Same as above		
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 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.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		500	Common	No Par	
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 Francesco Barone				Date 3-27-17	
Signature of Authorized Representative 					
SIGN DOCUMENT 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

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FORM 630 - Revised: 10/2017