



State of Rhode Island and Providence Plantations

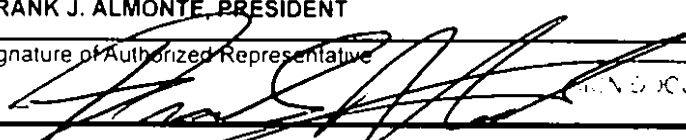
Department of State - Business Services Division

Annual Report for the year: **2019**
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 60864		2. Exact name of the Corporation ALMONTE DESIGNS, INC			
3. Principal Office Address 132 OLD RIVER ROAD, SUITE 205			City LINCOLN	State RI	Zip 02865
4. NAICS Code 212321		6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION			
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 FRANK J. ALMONTE			Vice-President Name JACQUELINE A. ALMONTE		
Street Address 7 CORRAL COURT			Street Address 7 CORRAL COURT		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
Secretary Name FRANK J. ALMONTE			Treasurer Name JACQUELINE A. ALMONTE		
Street Address 7 CORRAL COURT			Street Address 7 CORRAL COURT		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name FRANK J. ALMONTE			Director Name JACQUELINE A. ALMONTE		
Street Address 7 CORRAL COURT			Street Address 7 CORRAL COURT		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
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/SERIES		
			PAR VALUE		
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 FRANK J. ALMONTE, PRESIDENT					Date 1-19-19
Signature of Authorized Representative  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

FEB 01 2019

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FORM 630 - Revised: 10/2017