



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 132998		2. Exact name of the Corporation Pinto Construction, Inc.				
3. Principal Office Address 436 Smithfield Avenue			City Pawtucket	State RI	Zip 02860	
4. NAICS Code 237310		6. Brief description of the character of business conducted in Rhode Island Asphalt, paving, small building construction, allied tasks associated therein				
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 Antonio F. Pinto			Vice-President Name Susan M. Pinto			
Street Address 436 Smithfield Avenue			Street Address 436 Smithfield Avenue			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860	
Secretary Name Susan M. Pinto			Treasurer Name Susan M. Pinto			
Street Address 436 Smithfield Avenue			Street Address 436 Smithfield Avenue			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name Antonio F. Pinto			Director Name Susan M. Pinto			
Street Address 436 Smithfield Avenue			Street Address 436 Smithfield Avenue			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860	
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 VA. UF	
		1000		Common	No 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 Antonio F. Pinto					Date 1-27-19	
Signature of Authorized Representative 						

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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