



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2019**

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.  
 Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

|  |                    |  |   |                    |                     |
|--|--------------------|--|---|--------------------|---------------------|
| 1. Entity ID No.<br><b>15773</b>   |                    | 2. Exact name of the Corporation<br><b>Hartford Paving Corp., Inc.</b> |   |                    |                     |
| 3. Principal office address<br><b>112-114 Old Pocasset Road</b>  |                    |  | City<br><b>Johnston</b>   | State<br><b>RI</b> | Zip<br><b>02919</b> |
| 4. Business Phone No.<br><b>401-640-8037</b>   |                    | 5. State of Incorporation<br><b>Rhode Island</b>                       |   |                    |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>Asphalt paving of any business.</b><br><b>237310</b>                     |                    |  |   |                    |                     |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>   |                    |  |   |                    |                     |
| President Name<br><b>Anthony Corsinetti</b>  |                    |  | Vice-President Name<br><b>Anthony Corsinetti</b>                    |                    |                     |
| Street Address<br><b>4 Winiki Court</b>  |                    |  | Street Address<br><b>4 Winiki Court</b>                             |                    |                     |
| City<br><b>Johnston</b>  | State<br><b>RI</b> | Zip<br><b>02919</b>  | City<br><b>Johnston</b>   | State<br><b>RI</b> | Zip<br><b>02919</b> |
| Secretary Name   |                    |  | Treasurer Name  |                    |                     |
| Street Address   |                    |  | Street Address  |                    |                     |
| City   | State              | Zip  | City  | State              | Zip                 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR 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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                    |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet. |                    |  | NUMBER OF SHARES  | CLASS/SERIES       | PAR VALUE           |
|  |                    |  |   | 600                |                     |
|  |                    |  |   |                    |                     |

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.

|  |
|--|
| File Date _____                        |
| Check No _____                         |
| By: _____                              |
| <b>FOR SECRETARY OF STATE USE ONLY</b> |

**FILED**  
**FEB 06 2019**  
 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.  
 Signature of Authorized Representative: *[Signature]* Date: \_\_\_\_\_  
 BY: **2543** Anthony Corsinetti  
 Print or Type Name of Authorized Representative  
*DS*