



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

FILED

FEB 11 2019

BY 1002 [Signature]

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 136327		2. Exact name of the Corporation AST Construction & Equipment Corporation			
3. Principal Office Address 131 West Blue Ridge Road			City Cranston	State RI	Zip 02920
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island Construction/Renovations of Residential/Commercial Property			
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 Salvatore N. Guadagno			Vice-President Name Thomas Guadagno		
Street Address 131 West Blue Ridge Road			Street Address 19 Cornell Road		
City Cranston	State RI	Zip 02920	City Narragansett	State RI	Zip 02882
Secretary Name Thomas Guadagno			Treasurer Name Salvatore N. Guadagno		
Street Address 19 Cornell Road			Street Address 131 West Blue Ridge Road		
City Narragansett	State RI	Zip 02882	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Salvatore N. Guadagno			Director Name		
Street Address 131 West Blue Ridge Road			Street Address		
City Cranston	State RI	Zip 02920	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/SERIES	PAR VALUE
			100	common	None
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. <i>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.</i>					
Name of Authorized Representative Salvatore N. Guadagno, President				Date 2/4/19	
Signature of Authorized Representative SIGN DOCUMENT HERE					

MAIL TO:
 Division of Business Services
 148 W River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov