RI SOS Filing Number: 201987991750 Date: 2/28/2019 4:00:00 PM

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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

FILED

FEB 28 2019

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 no	ot filed by April 1.						
Entity ID Number 2. Exact name of the Corporation								
162151	J.D. Cons	struction Con	ipany, Inc.					
3. Principal Office Address			City	<b>'</b>		Zip		
109 Dora Street			Pawtucket		RI	02860		
4. NAICS Code	6. Brief descr	Brief description of the character of business conducted in Rhode Island						
236118	BUILDING,	BUILDING, CONSTRUCTION AND DEVELOPMENT OF BUILDINGS OF ALL TYPES						
5. State of Incorporation	7							
Rhode Island								
7. List ALL officers (names and ad	ddresses)				the box to in	ndicate an attachme <u>nt</u>		
President Name Joseph DiGiovanni, III			Vice-President Name Vacant					
Street Address 109 Dora Street	Street Address							
City Pawtucket	State RI	<sup>Ζiρ</sup> 02860	City		State	Zip		
Secretary Name Joseph DiGiovanni, III			Treasurer Name Joseph DiGiovanni, III					
Street Address 109 Dora Street			Street Address 109 Dora Street					
City Pawtucket	State RI	<sup>Zıp</sup> 02860	City Pawtucket		State RI	<sup>Zip</sup> 02860		
8. List ALL directors (names and	addresses)				the box to i	ndicate an attachment		
Director Name  Joseph DiGiovanni, III			Director Name					
Street Address 109 Dora Street			Street Address					
City Pawtucket	State RI	<sup>Zip</sup> 02860	City		State	Zip		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
9. Shares Authorized	10. Shares Is		sued					
This information is currently of record in the		NUMBER O	NUMBER OF SHARES		CLASS/SERIES PAR VALUE  COMMON NO PAR			
Department of State. Changes require an additional filing.		10	10			NO PAR		
11. This report must be executed	on behalf of the	corporation by an	authorized repres	sentative. If the corpo	ration is in	the hands of a receiver or		
trustee, this report must be executively the best trustee, this report must be executively for the trustee, the contract of th	uted on benait of lare and affirm	that I have examin	the receiver of the red this report, in	ustee. ncluding any ассоп	npanying s	chedules and		
statements, and that all statem	ents contained	l herein are true ar	nd correct.					
Name of Authorized Representat JOSEPH DIGIOVANNI, III		Date 2/21/2019						
	- Andrius					<del></del> -		
Signature of Authorized Represe		اژر پا <del>ا</del> ن	ंदर्भ । या अस					

MARL TO:

**Division of Business Services** 

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