



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

FILED

FEB 28 2019

BY 6130

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 162157		2. Exact name of the Corporation J.D. Construction Company, Inc.			
3. Principal Office Address 109 Dora Street		City Pawtucket		State RI	Zip 02860
4. NAICS Code 236118	6. Brief description of the character of business conducted in Rhode Island BUILDING, CONSTRUCTION AND DEVELOPMENT OF BUILDINGS OF ALL TYPES				
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 Joseph DiGiovanni, III			Vice-President Name Vacant		
Street Address 109 Dora Street			Street Address		
City Pawtucket	State RI	Zip 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	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 Joseph DiGiovanni, III			Director Name		
Street Address 109 Dora Street			Street Address		
City Pawtucket	State RI	Zip 02860	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
			10	COMMON	NO PAR
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 JOSEPH DIGIOVANNI, III				Date 2/21/2019	
Signature of Authorized Representative 					