



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.

FILED FILEDFEB 28 2019 *02*BY 1049

1. Entity ID Number 000129815		2. Exact name of the Corporation NARDONE CONSTRUCTION, INC.			
3. Principal Office Address 52 Tom Harvey Road			City Westerly	State RI	Zip 02891
4. NAICS Code 238110		6. Brief description of the character of business conducted in Rhode Island General concrete contractor.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Christopher J. Nardone			Vice-President Name Joseph M. Nardone		
Street Address 52 Tom Harvey Road			Street Address 52 Tom Harvey Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Christopher J. Nardone			Treasurer Name Christopher J. Nardone		
Street Address 52 Tom Harvey Road			Street Address 52 Tom Harvey Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Christopher J. Nardone			Director Name		
Street Address 52 Tom Harvey Road			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			1,000 CNP 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.					
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 Christopher J. Nardone, President					Date 2/25/19
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

FORM 630 - Revised: 10/2017