RI SOS Filing Number: 201988997300 Date: 3/20/2019 4:00:00 PM

State of Rhode Island a Department of St			Division					
Annual Report for the y		_						
Corporation	201	 -	_			~		
→ Filing period: January 1 - March 1						3 E C i C D i		
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00	fee if form is no	ot filed by April 1.				품 장말한		
Entity ID Number	2. Exact nam	2. Exact name of the Corporation						
001100202	401 Cons	struction, Inc.			<u> </u>	ဝီဝဲန်		
3. Principal Office Address 25 Ashby Street			City Johnston		State RI	215 (7, 7, 7) 02919 (1, 7, 7)		
4. NAICS Code	6. Brief descr	6. Brief description of the character of business conducted in Rhode Island						
561730	General res	General residential and commercial construction						
5. State of Incorporation Rhode Island		_		1200000000	_			
7. List ALL officers (names and a	7. List ALL officers (names and addresses)				Check the box to indicate an attachment			
President Name Frank N. DiMaio	Frank N. Dimaio, Jr.							
Street Address 25 Ashby Street			Street Address 25 Ashby Street					
City Johnston	State RI	Zip 02919	City Johnston		State RI	Zip 02919		
Secretary Name Frank N. DiMaio, Jr.				Treasurer Name Frank N. DiMaio, Jr.				
Street Address 25 Ashby Street	Street Address 25 Ashby Street							
City Johnston	State RI	^{Zip} 02919	City Johnston		State RI	^{Ζιρ} 02919		
8. List ALL directors (names and	addresses)		Discount Manager	Check	the box to indi	cate an attachment		
Director Name Frank N. DiMaio,	Jr.		Director Name					
Street Address 25 Ashby Street			Street Address					
City Johnston	State RI	Zip 02919	City		State	Zip		
Director Name			Director Name					
Street Address			Street Address					
City	State	Žip	City		State	Zip		
9. Shares Authorized 10. Shares Iss								
This information is currently of record in the Department of State.		500	F SHARES	Common		No Par		
Changes require an additional fili	ng.							
				antatura If the corne	ration is in the	hands of a receiver or		
11. This report must be executed trustee, this report must be executed	cuted on behalf o	f the corporation by	the receiver or tr	ustee.				
Under penalty of perjury, I dec statements, and that all stater	clare and affirm	that I have examir	ned this report, it	ncluding any accon	ipanying sch	edules and		
Name of Aothorized Representa		i nerem are nae a	TO CONTEGU		Date a -	70-19		
Frank N/DiMaio, Jr.				FILED				
Signature of Authorized Represe	entati e	NGM DI	SUPPLY STATES					
The AVV				IAR 3 10 2019	i			
MAIL TO: Division of Business Services	I		1	1 anu)0d			
148 W. River Street, Providence, Rh. Phone: (401) 222-3040	ode Island 02904-2	2615	BÝ.	7 90 u	734			
Website: www.sos.ri.gov			_	- 1 []	.ノブ FOI	RM 630 - Revised: 10/201		