



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 STAMP

MAR 21 2019

BY

1. Entity ID Number 152526		2. Exact name of the Corporation F. T. CONSTRUCTION CO., INC.			
3. Principal Office Address 55 WOODLAWN AVE			City BRISTOL	State RI	Zip 02809
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION/RENOVATION AND/OR REPAIR OF EXISTING HOMES, BUILDINGS, ETC., TOGETHER WITH PURCHASING, SELLING, AND/OR DEVELOPING OF REAL ESTATE AS WELL AS ALL RELATED ENDEAVORS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name FRANCISCO C. DAPONTE			Vice-President Name THERESA J. DAPONTE		
Street Address 55 WOODLAWN AVE.			Street Address 55 WOODLAWN AVE.		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Secretary Name FRANCISCO C. DAPONTE			Treasurer Name THERESA J. DAPONTE		
Street Address 55 WOODLAWN AVE.			Street Address 55 WOODLAWN AVE.		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name FRANCISCO C. DAPONTE			Director Name THERESA J. DAPONTE		
Street Address 55 WOODLAWN AVE.			Street Address 55 WOODLAWN AVE.		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			200	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 FRANCISCO C. DAPONTE				Date 2/7/19	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:  
Division of Business Services  
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