



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.

1. Entity ID Number <b>796356</b>		2. Exact name of the Corporation <b>ALTERISIO CONSTRUCTION INC</b>	
3. Principal Office Address <b>1 PRESIDENTIAL WAY STE 102</b>		City <b>WOBURN</b>	State <b>MA</b>
4. NAICS Code <b>236117</b>		6. Brief description of the character of business conducted in Rhode Island <b>GENERAL CONTRACTOR</b>	
5. State of Incorporation <b>MA</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>JOHN ALTERISIO</b>		Vice-President Name	
Street Address <b>2 PLEASANT ST</b>		Street Address	
City <b>BURLINGTON</b>	State <b>MA</b>	City	State
Zip <b>01803</b>		Zip	
Secretary Name <b>PATRICIA ALTERISIO</b>		Treasurer Name	
Street Address <b>2 PLEASANT ST</b>		Street Address	
City <b>BURLINGTON</b>	State <b>MA</b>	City	State
Zip <b>01803</b>		Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>CNP</b>
			PAR VALUE <b>0</b>
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 <b>PATRICIA ALTERISIO</b>		Date <b>3-25-19</b>	
Signature of Authorized Representative <i>Patricia Alterisio</i>		SIGN DOCUMENT HERE <b>FILED</b>	

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

BY

SDFWJ  
A.A. 11:56 AM

MAR 26 2019