



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

APR 12 2019 *02*

BY 3536

1. Entity ID Number 1668734		2. Exact name of the Corporation AGP Construction, Inc.			
3. Principal Office Address 215 Broadway			City Providence	State RI	Zip 02903
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island General residential and commercial construction			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Antonio Palliotta			Vice-President Name Antonio Palliotta		
Street Address 215 Broadway			Street Address 215 Broadway		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Antonio Palliotta			Treasurer Name Antonio Palliotta		
Street Address 215 Broadway			Street Address 215 Broadway		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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		PAR VALUE
			8,000	common	no par value
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 Antonio Palliotta, President				Date 4-1-19	
Signature of Authorized Representative <i>Antonio Palliotta</i>				SIGN OCCURRENT HERE	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
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 Website: www.sos.ri.gov