



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

Annual Report for the year: 2020
Corporation

JAN 09 2020

BY 26408 DS

- 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 110478		2. Exact name of the Corporation PRIME GENERAL CONTRACTING, INC.			
3. Principal Office Address 6104 PHEASANT RIDGE DRIVE			City PORT ORANGE	State FL	Zip 32128
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island TO PROVIDE GENERAL CONTRACTING SERVICES TO THE CONSTRUCTION INDUSTRY.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name SCOTT MAURO			Vice-President Name MAXIM ARONOV		
Street Address 6104 PHEASANT RIDGE DRIVE			Street Address 9 SEWARD DRIVE		
City PORT ORANGE	State FL	Zip 32128	City WARWICK	State RI	Zip 10990
Secretary Name SAME AS PRESIDENT			Treasurer Name SAME AS PRESIDENT		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			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		CLASS/SERIES	
		100		COMMON	
				PAR VALUE	
				\$1.00	
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 SCOTT MAURO					Date 12/17/2019
Signature of Authorized Representative 					