



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

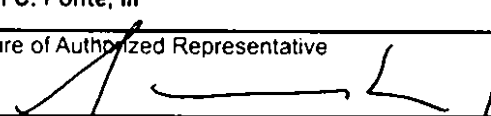
FILED

Annual Report for the year: 2020
Corporation

JAN 21 2020

BY RSW
ea

- 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 66217		2. Exact name of the Corporation DaPONTE INVESTMENT CO., INC.			
3. Principal Office Address 141 Power Road			City Pawtucket	State RI	Zip 02860
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island General Real Estate			
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 Manuel C. Ponte, III			Vice-President Name Dean M. Ponte		
Street Address 72 Tiffany Road			Street Address 4480 Post Road, Unit 5		
City Coventry	State RI	Zip 02816	City Warwick	State RI	Zip 02818
Secretary Name Dean M. Ponte			Treasurer Name Manuel C. Ponte, Jr.		
Street Address 4480 Post Road, Unit 5			Street Address 141 Power Road		
City Warwick	State RI	Zip 02818	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Manuel C. Ponte, III			Director Name Dean M. Ponte		
Street Address 72 Tiffany Road			Street Address 4480 Post Road, Unit 5		
City Coventry	State RI	Zip 02816	City Warwick	State RI	Zip 02818
Director Name Manuel C. Ponte, Jr.			Director Name		
Street Address 141 Power Road			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
9. Shares Authorized 10. Shares Issued <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			CLASS/SERIES		
			300	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 Manuel C. Ponte, III					Date 1-16-2020
Signature of Authorized Representative 					SIGN DOCUMENT HERE

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov