



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2020**  
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**

JAN 21 2020

**STAMP**

FOR

40934

1. Entity ID Number <b>789789</b>		2. Exact name of the Corporation <b>D'AMATO CONSTRUCTION COMPANY, INC.</b>			
3. Principal Office Address <b>400 Middle Street</b>			City <b>Bristol</b>	State <b>CT</b>	Zip <b>06010</b>
4. NAICS Code <b>237110</b>		6. Brief description of the character of business conducted in Rhode Island <b>GENERAL CONSTRUCTION PROJECTS</b>			
5. State of Incorporation <b>CONNECTICUT</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>Edward D'Amato</b>			Vice-President Name <b>Edward D'Amato, Jr.</b>		
Street Address <b>216 Peck Lane</b>			Street Address <b>29 Patricia Drive</b>		
City <b>Bristol</b>	State <b>CT</b>	Zip <b>06010</b>	City <b>Bristol</b>	State <b>CT</b>	Zip <b>06010</b>
Secretary Name <b>Susan Henne</b>			Treasurer Name <b>Edward D'Amato</b>		
Street Address <b>35 Concetta Lane</b>			Street Address <b>As above</b>		
City <b>Bristol</b>	State <b>CT</b>	Zip <b>06010</b>	City	State	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 <b>None</b>			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 <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.			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>COMMON</b>	PAR VALUE <b>\$100.</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. <b>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.</b>					
Name of Authorized Representative <b>Edward D'Amato, Jr.</b>					Date <b>1.17.20</b>
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

FORM 630 - Revised: 10/2017