



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

FILED

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

JAN 24 2020

BY

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1. Entity ID Number 60625		2. Exact name of the Corporation H.S.I. Construction, Inc.			
3. Principal Office Address 50 Monticello Road			City Pawtucket	State RI	Zip 02861
4. NAICS Code 237990		6. Brief description of the character of business conducted in Rhode Island Construction contracting			
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 Maureen A. Mainelli			Vice-President Name None		
Street Address 50 Monticello Road			Street Address		
City Pawtucket	State RI	Zip 02861	City	State	Zip
Secretary Name Diane D'Angelo			Treasurer Name Diane D'Angelo		
Street Address 50 Monticello Road			Street Address 50 Monticello Road		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name No directors			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		
			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 Maureen A. Mainelli, President				Date 1-16-2020	
Signature of Authorized Representative 				DOCUMENT HERE	