



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.

1. Entity ID Number 123800		2. Exact name of the Corporation Imperatore/All Reach, Inc.					
3. Principal Office Address 2550 Plainfield Pike			City Cranston	State RI	Zip 02921		
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island Construction					
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 Brad Bilodeau			Vice-President Name Brad Bilodeau				
Street Address 2550 Plainfield Pike			Street Address 2550 Plainfield Pike				
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921		
Secretary Name Brad Bilodeau			Treasurer Name Brad Bilodeau				
Street Address 2550 Plainfield Pike			Street Address 2550 Plainfield Pike				
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name NONE			Director Name NONE				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Director Name NONE			Director Name NONE				
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
			600			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 Brad Bilodeau, President					Date 1/20/20		
Signature of Authorized Representative 							

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

FILED

FEB 04 2020

3V 18209 A.A.