RI SOS Filing Number: 202035481740 Date: 2/27/2020 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

FEB 2 7 2021

Annual Report for the year: 2020

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00→ Penalty: Additional \$25	i.00 fee if form is no	it filed by April 1.		•	100		
1. Entity ID Number 132998		2. Exact name of the Corporation Pinto Construction, Inc.					
3. Principal Office Address 353 Highland Avenue			City South Attleb	th Attleboro MA		Zip 02703	
4. NAICS Code 7310 [] 5. State of Incorporation Rhode Island		Brief description of the character of business conducted in Rhode Island Asphalt, paving, small building construction, allied tasks associated therein.					
7. List ALL officers (names an				Chec	k the box to in	ndicate an attachment 🔲	
Antonio F Pin	Vice-President	Vice-President Name Susan M Pinto					
Street Address 353 Highland A	Street Address	Street Address 353 Highland Avenue					
City South Attleboro	State MA	Zip 02703	City South Attleboro		State MA	Z-p 02703	
Secretary Name Susan M. Pinto			Treasurer Nan	Treasurer Name Susan M. Pinto			
Street Address 353 Highland Avenue				Street Address 353 Highland Avenue			
City South Attleboro	State MA	^{Zip} 02703	City South Attleboro		State MA	Zip 02703	
8. List ALL directors (names a	and addresses)			Chec	k the box to ir	ndicate an attachment	
Director Name Antonio F Pinto			Director Name	Susan M. Pinto			
Street Address 353 Highland A	venue			s 353 Highland Aver	nue		
City South Attleboro	State MA	Z _{IP} 02703	City South Attleboro		State MA	Z _{IP} 02703	
Director Name	irector Name			Director Name			
Street Address			Street Address	Street Address			
City	State	Zip	City		State	Zıp	
9. Shares Authorized		10. Shares Iss	 sued	Chec	k the hox to in	ndicate an attachment 🔲	
This information is currently of record in the			NUMBER OF SHARES		CI ASS-SERIES PAR VALUE		
Department of State.		1000		Common		No Par Value	
Changes require an additional	filing.						
11. This report must be execu	ited on hehalf of the	corporation by an :	authorized renter	sentative. If the corr	poration is in t	he hands of a receiver or	
trustee, this report must be ex	xecuted on behalf of t	the corporation by	the receiver or tr	rustee.			
Under penalty of perjury, I o statements, and that all stat	declare and affirm the tements contained i	hat I have examin	ned this report, in		mpanying so	chedules and	
Name of Authorized Represer	ntative				Date	1127	
Antonio F. Pinto					100	1/20	
Signature of Authorized Repre	asentative	SIGN				,	
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov