

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

MAR 18 2020

BY 17509
2020

1 Entity ID Number C01677402		2 Exact name of the Corporation K. DAPONTE EQUIPMENT CORP.			
3 Principal Office Address 100 WEYBOSSET STREET			City FALL RIVER		State MA
4 NAICS Code 238900			6 Brief description of the character of business conducted in Rhode Island CONCRETE		
5 State of Incorporation MA					
7 List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name KEVIN DAPONTE			Vice-President Name		
Street Address 7 NICOLE WAY			Street Address		
City N. DARTMOUTH	State MA	Zip 02747	City	State	Zip
Secretary Name KEVIN DAPONTE			Treasurer Name KEVIN DAPONTE		
Street Address 7 NICOLE WAY			Street Address 7 NICOLE WAY		
City NORTH DARTMOUTH	State MA	Zip 02747	City NORTH DARTMOUTH	State MA	Zip 02747
8 List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name KEVIN DAPONTE			Director Name		
Street Address 7 NICOLE WAY			Street Address		
City NORTH DARTMOUTH	State MA	Zip 02747	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9 Shares Authorized		10 Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIALS	
		100		COMMON	
				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 <u>Kevin Daponte</u>					Date 3-13-20
Signature of Authorized Representative KEVIN DAPONTE					

MAIL TO:

Division of Business Services

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

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