



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

STAMP

→ 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 001100202		2. Exact name of the Corporation 401 Construction, Inc.			
3. Principal Office Address 25 Ashby Street		City Johnston		State RI	Zip 02919
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island General residential and commercial 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 Frank N. DiMaio, Jr.		Vice-President Name Frank N. DiMaio, Jr.			
Street Address 25 Ashby Street		Street Address 25 Ashby Street			
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Frank N. DiMaio, Jr.		Treasurer Name Frank N. DiMaio, Jr.			
Street Address 25 Ashby Street		Street Address 25 Ashby Street			
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Frank N. DiMaio, Jr.		Director Name			
Street Address 25 Ashby Street		Street Address			
City Johnston	State RI	Zip 02919	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
		500	Common	\$ 0.01	
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 Frank N. DiMaio, Jr.					Date 3/25/2020
Signature of Authorized Representative <i>[Signature]</i>					FILED SIGN DOCUMENT HERE MAR 30 2020 <i>KM</i>

MAIL TO:

Division of Business Services

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BY 11666

FORM 630 - Revised: 10/2017