



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

Annual Report for the year: 2012  
 Corporation

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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1. Entity ID Number <b>34185</b>		2. Exact name of the Corporation <b>J. Pingitore &amp; Sons, Inc.</b>			
3. Principal Office Address <b>104 Federal Way</b>		City <b>Johnston</b>	State <b>R.I.</b>	Zip <b>02919</b>	
4. NAICS Code <b>237310</b>		6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation <b>R.I.</b>		<b>Asphalt Paving / Construction</b>			
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Joseph Pingitore III</b>		Vice-President Name <b>Same</b>			
Street Address <b>104 Federal Way</b>		Street Address			
City <b>Johnston</b>	State <b>R.I.</b>	Zip <b>02919</b>	City	State	Zip
Secretary Name <b>Same</b>		Treasurer Name <b>Same</b>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>Same</b>		Director Name <b>Same</b>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name <b>Same</b>		Director Name <b>Same</b>			
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/SERIES	PAR VALUE
		<b>100</b>		<b>NO PAR</b>	
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 <b>Joseph Pingitore III</b>				Date <b>7-15-20</b>	
Signature of Authorized Representative <i>Joseph Pingitore III</i>				<b>FILED</b>	

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