



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

Annual Report for the year: 2010  
**Corporation**

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
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- 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 <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 <b>Asphalt Paving / Construction</b>			
5. State of Incorporation <b>R.I.</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>NO PAR</b>	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 <b>Joseph Pingitore III</b>				Date <b>7-15-20</b>	
Signature of Authorized Representative <i>Joseph Pingitore III</i> <b>FILED</b>					

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

**JUL 21 2020**  
 BY *Ch D47WJ* 10:00  
 FORM 630 - Revised: 10/2017