



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2003  
Corporation

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

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