RI SOS Filing State of Rhode Island Department of State				/2021 4:00:00 P	М			
Nnual Report for the yea	ar: ₂₀₂₁							
Corporation								
→ Filing period: January 1 - M→ Filing Fee: \$50.00→ Penalty: Additional \$25.00 fe		ed by April 1.						
I. Entity ID Number	2. Exact name of	the Corporation						
162157	J.D. Construction	Company, Inc.						
3. Principal Office Address	<u> </u>		City		State	Ĭ.	Zip	
109 Dora Street		Pawtucket		RI	}	02860		
1. NAICS Code	6. Brief descriptio	n of the character	of business co	nducted in Rhode Isla	and	1	<u></u> .	_
236118	BUILDING, CONSTRUCTION AND DEVELOPMENT OF BUILDINGS OF ALL TYPES							
5. State of Incorporation	ł							
Rhode Island								
7. List ALL officers (names and add	resses)		<u>.</u>	Check th	e box to in	dicate a	n attachment	口
President Name Joseph DiGiovanni, III			Vice-President Name Vacant					
			Street Address					
Street Address 109 Dora Street		Silvet Address .						
City Pawtucket	State RI	^{Zip} 02860	City		State		Zip	
Secretary Name Joseph DiGiovanni, III			Treasurer Name Joseph DiGiovanni, III					
Street Address 109 Dora Street			Street Address 109 Dora Street					
City Pawtucket	State RI	^{Zip} 02960	City Pawtucke	l	State RI		^{Zip} 02860	
8. List ALL directors (names and ad	idresses)		In.	Check th	ne box to ir	idicate a	in attachment	
Director Name Joseph DiGiovanni, I	III	€	Director Name	•		٠	• •	
Street Address 109 Dora Street	;	<u>.</u>	Street Address					
City Pawtucket	State RI	^{Zip} 02860	City		State		Zip	
Director Name		Director Name			S.27 - 19 6			
Street Address			Street Address					
City	State	Zip	City	<u>.</u>	State		Zip	-
9. Shares Authorized		10. Shares Issue			ne box to ir		n attachment	
This information is currently of record in the Department of State.		NUMBER OF S					PAR VALUE	
•		10		COMMON		\$0.	01	
Changes require an additional filing.								
11. This report must be executed o	n behalf of the cor	noration by an au	thorized represe	entative. If the corpor	ation is in t	he hand:	s of a receiver	or
trustee, this report must be execute	ed on behalf of the	corporation by th	e receiver or tru	stee.	_			
Under penalty of perjury, I declar statements, and that all stateme				cluding any accomp	panying se	chedule	s and	
Name of Authorized Representative			Date		•			
JOSEPH DIGIOVANNI, III			1/19/202	21	•			
Signature of Authorized Represent	ative	<u></u>	<u> </u>	160		<u> </u>		
			8	LEW				

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov JAN 28 2021 KM BY 6877