

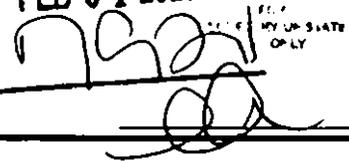


State of Rhode Island

Department of State - Business Services Division

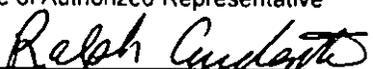
**FILED
STAMP**

FEB 04 2021

BY 

Annual Report for the year: 2021
Corporation _____

- 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 1664643		2. Exact name of the Corporation CARDENTE CONSTRUCTION, INC.			
3. Principal Office Address 11 FREDERICK DRIVE		City BARRINGTON		State RI	Zip 02806
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island GENERAL CONSTRUCTION WORK			
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 RALPH CARDENTE			Vice-President Name SAME		
Street Address 11 FREDERICK DRIVE			Street Address		
City BARRINGTON	State RI	Zip 02806	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
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 RALPH CARDENTE			Director Name		
Street Address 11 FREDERICK DRIVE			Street Address		
City BARRINGTON	State RI	Zip 02806	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	
		100		COMMON	
				NPV	
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 RALPH CARDENTE				Date 01/15/2021	
Signature of Authorized Representative 					

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