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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

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FOR SECRETARY OF STATE USE ONLY

					_ <u>~~~</u> _			
Entity ID Number	2. Exact nam	ne of the Corporatio	n					
66859	M.P.D.R.	CONSTRUCT	TON, INC.					
3. Principal Office Address			City		State	Zip		
91 Governors Hill Drive			West Warv	vick	RI	02893		
4 NAICS Code	6. Brief desc	Brief description of the character of business conducted in Rhode Island						
238990	Construction	Construction and development of residential and commercial properties.						
5. State of Incorporation								
Rhode Island								
7. List ALL officers (names a	nd addresses)				ck the box to ii	ndicate an attachment		
Konaid A. Maggiacomo				Vice-President Name Maryann L. Maggiacomo				
Street Address 91 Governors	91 Governors Hill Drive Street Address 91 Governors Hill Drive							
City West Warwick	State RI	Zip 02893	City West Warwick State		State RI	^{Zip} 02893		
Secretary Name	•		Treasurer Name					
Street Address			Street Address					
City	State	Zıp	City State		State	Zip		
8. List ALL directors (names	and addresses)	<u> </u>		Chec	ck the box to i	ndicate an attachment		
Director Name	•	<u></u>	Director Nam			 		
Street Address			Street Address					
51.5517.55.555			Sireet Address					
City	State	Zip	City		State	Zıp		
Director Name			Director Name					
Street Address			Street Address					
Chi	Ini-i-	1			In	T-:		
City	State	Zip	City		State	Zip		
9. Shares Authorized	_	10. Shares Is:		Check the box to indicate an attachment				
This information is currently of Department of State.	frecord in the		F SHARES	CLASS/SEF	RIES	PAR VALUE		
•		100		Common		No Par Value		
Changes require an additional	l filing.							
11. This report must be exec	uted on behalf of the	e corporation by an	authorized repre	I sentative. If the cor	poration is in	the hands of a receiver or		
trustee, this report must be e	xecuted on behalf o	f the corporation by	the receiver or t	trustee				
Under penalty of perjury, I				including any acc	ompanying s	chedules and		
statements, and that all sta Name of Authorized Repress		<u>nerein are true ai</u>	na correct.		Date			
Ronald A. Maggiacomo, President								
Signature of Authorized Rep	resentative				1 2			
1 AD	Tenens!	SIGN DO	CUMENT HERI	E				
- K-ANE/	et et et et							

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov