



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.

FILED

FEB 05 2021

STAMP

BY

31573

FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 66859		2. Exact name of the Corporation M.P.D.R. CONSTRUCTION, INC.											
3. Principal Office Address 91 Governors Hill Drive		City West Warwick	State RI	Zip 02893									
4. NAICS Code 238990	6. Brief description of the character of business conducted in Rhode Island Construction and development of residential and commercial properties.												
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 Ronald A. Maggiacomo		Vice-President Name Maryann L. Maggiacomo											
Street Address 91 Governors Hill Drive		Street Address 91 Governors Hill Drive											
City West Warwick	State RI	Zip 02893	City West Warwick	State RI									
Secretary Name		Treasurer Name											
Street Address		Street Address											
City	State	Zip	City	State									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>													
Director Name		Director Name											
Street Address		Street Address											
City	State	Zip	City	State									
Director Name		Director Name											
Street Address		Street Address											
City	State	Zip	City	State									
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.		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NUMBER OF SHARES</th> <th style="width: 33%;">CLASS/SERIES</th> <th style="width: 33%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">100</td> <td style="text-align: center;">Common</td> <td style="text-align: center;">No Par Value</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par Value			
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100	Common	No 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 Ronald A. Maggiacomo, President			Date ✓ 1-26-21										
Signature of Authorized Representative 			SIGN DOCUMENT HERE										

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

FORM 630 - Revised: 10/2017