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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.

F1212
FEB 19 2021
B' 8549

Entity ID Number	2. Exact nam	e of the Corporatio	·n					
8 4730		Testoni Construction, Inc.						
3 Principal Office Address			City		State	Zip		
10 Suddard Lane			North Scitu	ate	RI	02857		
4. NAICS Code	6. Brief desc	ription of the charae	cter of business o	conducted in Rho	ode Island	<u> </u>		
236118	Home and commercial building and improvements							
5. State of Incorporation	\neg							
Rhode Island								
7. List ALL officers (names ar	nd addresses)				heck the box to ii	ndicate an attachment 🔲		
President Name Livio L. Testoni			Vice-President Name Judy Testoni					
Street Address 10 Suddard Lane			Street Address 10 Suddard Lane					
City North Scituate	State RI	^{Zip} 02857	City North S	cituate	State RI	^{Zıp} 02857		
Secretary Name Judy Testoni			Treasurer Name Livio L. Testoni					
Street Address 10 Suddard Lane			Street Address 10 Suddard Lane					
City North Scituate	State RI	Zip 02857	City North Scituate		State RI	^{Zip} 02857		
8. List At.L directors (names	and addresses)				heck the box to i	ndicate an attachment 🔲		
Director Name None			Director Name None					
Street Address			Street Address					
City	State	Zip	City	·····	State	Zıp		
Director Name None		Director Name None						
Street Address		·	Street Addres					
City	State	Zıp	City		State	Zip		
9. Shares Authorized		10. Shares Is	sued	C	Check the box to indicate an attachment			
This information is currently o	of record in the		OF SHARES		/SERIES			
Department of State. Changes require an additional filing.		500		Common		No Par		
11 This report must be exec	uted on behalf of the	corporation by an	authorized repre	sentative. If the	corporation 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	rustee.				
Under penalty of perjury, I statements, and that all sta			•	including any a	eccompanying s	cnedules and		
Name of Authorized Represe		ाराचा वाच प्रथए व	COFFEC.	 .	Date	 		
Livio L. Testoni					1/2	-17-2021		
Signature of Authorized Repi	resentative							
Votion X	Yestow	3 1 :	***	· · · ·				

MAIL TO:

Division of Business Services

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

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