RI SOS Filing Number: 202192626550 Date: 2/22/2021 4:00:00 PM

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 22 2021
BY

1. Entity ID Number	2. Exact name of the Corporation			
44682	Total Construction Services, Inc.			
3. Principal Office Address		City	State	Zip
190 Chace Avenue		Providence	RI	02906
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
212321	General Construction			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Joseph D. Forte			Donald P. Dimuccio		
Street Address			Street Address		
190 Chace Avenue			29 Fisher Street		
City / State / Zip			City / State / Zip		
Providence	RI	02906	North Providence	RI	02911
Secretary Name			Treasurer Name		
Donald P. Dimuccio			Joseph D. Forte		
Street Address			Street Address		
29 Fisher Street			190 Chace Avenue		
City / State / Zip			City / State / Zip		
North Providence	RI	02911	Providence	RI	02911

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City / State / Zip			City / State / Zip		
Director Name			Director Name		
Street Address			Street Address		
City / State / Zip			City / State / Zip		

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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	Date
Joseph D. Forte	2-8-2021

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