



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

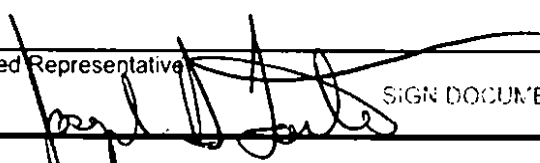
Annual Report for the year: **2021**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED
STAMP**FEB 22 2021**BY 3105

1. Entity ID Number 44682		2. Exact name of the Corporation Total Construction Services, Inc.												
3. Principal Office Address 190 Chace Avenue			City Providence	State RI	Zip 02906									
4. NAICS Code 212321		6. Brief description of the character of business conducted in Rhode Island General Construction												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Joseph D. Forte			Vice-President Name Donald P. Dimuccio											
Street Address 190 Chace Avenue			Street Address 29 Fisher Street											
City Providence	State RI	Zip 02906	City North Providence	State RI	Zip 02911									
Secretary Name Donald P. Dimuccio			Treasurer Name Joseph D. Forte											
Street Address 29 Fisher Street			Street Address 190 Chace Avenue											
City North Providence	State RI	Zip 02911	City Providence	State RI	Zip 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			10. Shares Issued Check the box to indicate an attachment ☐											
This information is currently of record in the Department of State. Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>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			
			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 Joseph D. Forte					Date 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