



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

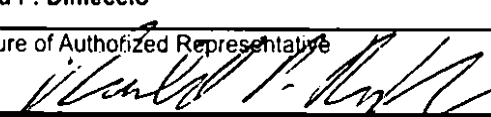
FEB 22 2021

BY

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

1. Entity ID Number 107599		2. Exact name of the Corporation One-Stop Construction, Inc.			
3. Principal Office Address 190 Chace Avenue			City Providence	State RI	Zip 02906
4. NAICS Code 236116		6. Brief description of the character of business conducted in Rhode Island To engage in general business of building, erecting, renovating and rehabilitation of residential homes			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Donald P. Dimeccio			Vice-President 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 02906
Secretary Name Donald P. Dimeccio			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 02906
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.			NUMBER OF SHARES		
			CLASS/STREETS		
			PAR VALUE		
			None		
			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 Donald P. Dimeccio				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

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