RI SOS Filing Number: 202193498480 Date: 3/1/2021 4:00:00 PM

State of Rhode Island

## **Department of State - Business Services Division**

Annual Report <sup>,</sup>	for the	year:
----------------------------	---------	-------

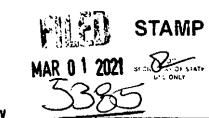
2021

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by April 1



7 Charty: Additional \$25.00		, ,		RY				
Entity ID Number	2. Exact nam	e of the Corporation	1	<u></u>				
000135533	INI CONSTRUCTION CO.							
Principal Office Address			City		State	Zip		
25 DERBY AVENUE			JOHNSTON		RI	02919		
4. NAICS Code	Brief description of the character of business conducted in Rhode Island							
238990	COMMERCIAL AND RESIDENTIAL CONTRACTING AND CONSTRUCTION OF ALL TYPES.							
5. State of Incorporation		AME MIND RESIDE	MIME COM I	dicting and con	SI KOCIIC	NOT ALL TITLS.		
Rhode Island								
7. List ALL officers (names and a	ddresses)				the box to inc	dicate an attachment		
President Name JOSEPH A. IASCONE			Vice-Presiden	Vice-President Name ROBIN E. IASCONE				
Street Address 25 DERBY AVENUE			Street Addres	Street Address 25 DERBY AVENUE				
C <sub>ity</sub> JOHNSTON	State RI	Zip 02919	City JOHNS	TON	State RI	<sup>Zip</sup> 02919		
Secretary Name JOSEPH A. IASC	ONE. Treasurer Name ROBIN E. IASCONE					············		
Street Address 25 DERBY AVENUE		Street Address 25 DERBY AVENUE						
City JOHNSTON	State RI	Zip 02919	City JOHNS	TON	State RI	<sup>Zip</sup> 02919		
8. List ALL directors (names and	addresses)				the box to in	dicate an attachment		
Director Name JOSEPH A. IASCONE			Director Nami	Director Name ROBIN E. IASCONE				
Street Address 25 DERBY AVENUE			Street Addres	Street Address 25 DERBY AVENUE				
City JOHNSTON	State RI	Z <sub>ip</sub> ()2919	City JOHNS	TON	State RI	Zip 02919		
Director Name				Director Name				
Street Address			Street Address					
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Iss	ued	Check	I the box to in	dicate an attachment		
This information is currently of rec	ord in the	NUMBER Q	F SHARES	CLASS/SERIES	i i	PAR VALUE		
Department of State.		100	0	COMMON		NO PAR VALUE		
Changes require an additional filin	g.				-			
11. This report must be executed	on behalf of the	corporation by an a	authorized repre	I esentative. If the corpo	ration is in th	ne hands of a receiver or		
trustee, this report must be execu	uted on behalf of	the corporation by	the receiver or t	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								
Name of Authorized Representative  JOSEPH A. IASCONE  Date						116/21		
Signature of Authorized Represe	ntative					1 15		

MAIL TO:

Division of Business Services

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

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