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State of Rhode Island

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.

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MAR 0 1 2021 RY 7562

1. Entity ID Number	12 Event non	so of the Companie		·			
1. ETILLY ID NOTITUE!	2. Exact name of the Corporation F. T. CONSTRUCTION CO., INC.						
102529	r. i. cons	TRUCTION CO., I					
3. Principal Office Address			City	· ·	State	Zip	
55 WOODLAWN AVENUE		BRISTOL		RI	02809		
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island						
238990	CONSTRU	CTION/RENOVAT	TION AND/OR I	REPAIR OF EXISTIN	IG HOMES	S, BUILDINGS, ETC.,	
5. State of Incorporation	TOGETHER WITH PURCHASING, SELLING, AND/OR DEVELOPING OF REAL ESTATE AS WELL						
RI	AS ALL RELATED ENDEAVORS						
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name FRANCISCO C. D.			Vice-President Name THERESA J. DAPONTE				
Street Address 55 WOODLAWN AVENUE		Street Address 55 WOODLAWN AVENUE City BRISTOL State RI Zip 02809					
City BRISTOL	State RI	Zip ₀₂₈₀₉	City BRISTO	City BRISTOL		^{Zip} 02809	
Secretary Name FRANCISCO C. D.	APONTE THERESA J. DA			ne THERESA J. DAPO	PONTE		
Street Address 55 WOODLAWN AVENUE		Street Address 55 WOODLAWN AVENUE					
City BRISTOL	State RI	Zip 02809	City BRISTOL		State RI	^{Zip} 02809	
8. List ALL directors (names and a	ddresses)			Check	the box to it	ndicate an attachment	
Director Name FRANCISCO C. DAPONTE		Director Name THERESA J. DAPONTE					
Street Address 55 WOODLAWN AVENUE		Street Address 55 WOODLAWN AVENUE					
City BRISTOL	State RI	^{Zip} 02809	City BRISTO	L	State RI	Zip 02809	
Director Name		Director Name					
Street Address		Street Address					
City	State	Zip	City		State	Zip	
9. Shares Authorized	<u> </u>	10. Shares Iss	L sued	Check	he hox to in	I ndicate an attachment 🔲	
	This Information is currently of record in the NUMBER O						
Department of State. Changes require an additional filing.		200		COMMON		NO PAR	
11. This report must be executed o	n behalf of the	composition by an	authorized conce	antative If the come	ration is in t	ha handa af a sasaiyas as	
					auon is in t	ne nanos or 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							
FRANCISCO C. DAPONTE					2/25/2021		
Signature of Authorized Representative							
manaisco C Da Vonto							

MAIL TO:

Division of Business Services

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

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