



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.

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BUS SVCS DIV
2021 MAR 23 PM 12:50

1. Entity ID Number 00115906		2. Exact name of the Corporation FilipponeConstructiun, Inc.												
3. Principal Office Address 498 Old town RD			City Block Island		State RI									
			Zip 02807											
4. NAICS Code 23 6118		6. Brief description of the character of business conducted in Rhode Island Construction and other related services.												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Joseph Filippone			Vice-President Name											
Street Address 498 Old Town Rd			Street Address											
City Block Island	State RI	Zip 02807	City	State	Zip									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
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 ☐											
			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> <tr> <td>100</td> <td></td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100		0			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100		0												
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 Filippone				Date 02/23/2021										
Signature of Authorized Representative 														

MAIL TO:
Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

MAR 23 2021

Handwritten: P.F. 5 12:54

FORM 830 - Revised: 10/2017