RI SOS Filing Number: 202194899600 Date: 3/24/2021 4:00:00 PM

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.

RECEIVED STAMP
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 MAR 24 A 9:37

1. Entity ID Number	2. Exact name of the Corporation			
98111	Rhode Island Construction Management Group, Inc.			
3. Principal Office Address		City	State	Zip
400 Lincoln Avenue		Warwick	RI	02888
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
237990	Construction management services			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Antonio B.Cardi			Vice-President Name: Stephen A. Cardi II		
Street Address: 400 Lincoln Avenue			Street Address: 400 Lincoln Avenue		
City: Warwick	State: RI	Zip: 02888	City: Warwick	State: RI	Zip: 02888
Secretary Name: Stephen A. Cardi Esq.			Treasurer Name: Stephen A. Cardi Esq.		
Street Address: 400 Lincoln Avenue			Street Address: 400 Lincoln Avenue		
City: Warwick	State: RI	Zip: 02888	City: Warwick	State: RI	Zip: 02888

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Antonio B.Cardi			Director Name: Stephen A. Cardi Esq.		
Street Address: 400 Lincoln Avenue			Street Address: 400 Lincoln Avenue		
City: Warwick	State: RI	Zip: 02888	City: Warwick	State: RI	Zip: 02888
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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
2000	Common	no par

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: Jon A. Mills

Date: 3/24/21

Signature of Authorized Representative: Jon A. Mills

FILED
MAR 24 2021
9:37

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

FORM 630 - Revised: 08/2020