State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 MAY 17 P 2:46

Annual Report for the year: 2020
Corporation

→ 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	2. Exact name of the Corporation			
000891188	SAL DEGIACOMO CONSTRUCTION, INC.			
3. Principal Office Address		City	State	Zip
15 WEST STREET		WESTERLY	RI	02891
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
236115	RESIDENTIAL CONSTRUCTION			
5. State of Incorporation				
RI				

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

President Name			Vice-President Name		
SAL DEGIACOMO					
Street Address			Street Address		
15 WEST STREET					
City	State	Zip	City	State	Zip
WESTERLY	RI	02891			
Secretary Name			Treasurer Name		
SAL DEGIACOMO			SAL DEGIACOMO		
Street Address			Street Address		
15 WEST STREET			15 WEST STREET		
City	State	Zip	City	State	Zip
WESTERLY	RI	02891	WESTERLY	RI	02891

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

Director Name			Director Name		
NONE					
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/SERIES	PAR VALUE
100	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	Date
SAL DEGIACOMO	05/17/2021
Signature of Authorized Representative	

FILED 2:47
MAY 17 2021
BY GDP6N

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