



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
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2021 DEC 20 PM 2:01

1. Entity ID Number 000165309		2. Exact name of the Corporation Carriglio Construction Corporation			
3. Principal Office Address 13 Cheever Street			City Saugus	State MA	Zip 01906
4. NAICS Code 238140		6. Brief description of the character of business conducted in Rhode Island Masonry Subcontractor			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph Carriglio			Vice-President Name Joseph Carriglio		
Street Address 13 Cheever Street			Street Address 13 Cheever Street		
City Saugus	State MA	Zip 01906	City Saugus	State MA	Zip 01906
Secretary Name Joseph Carriglio			Treasurer Name Joseph Carriglio		
Street Address 13 Cheever Street			Street Address 13 Cheever Street		
City Saugus	State MA	Zip 01906	City Saugus	State MA	Zip 01906
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joseph Carriglio			Director Name		
Street Address 13 Cheever Street			Street Address		
City Saugus	State MA	Zip 01906	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			1,000	Common	PAR VALUE
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 Carriglio				Date 11/3/21	
Signature of Authorized Representative President					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2815
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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 FORM 630 - Revised: 08/2020
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