



Department of State - Business Services Division

FILED

FEB 16 2022

BY

Annual Report for the year: 2022

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 19517		2. Exact name of the Corporation Piti Building Company, Inc.			
3. Principal Office Address 127 Fletcher Avenue			City Cranston	State RI	Zip 02920
4. NAICS Code 453990		6. Brief description of the character of business conducted in Rhode Island Retail coal dealer.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Cheryl D'Alessio			Vice-President Name Kathleen Zange		
Street Address 12 Tunmore Road			Street Address 90 Mapleville Road		
City Smithfield	State RI	Zip 02917	City Greenville	State RI	Zip 02828
Secretary Name Debra Labutti			Treasurer Name Kathleen Zange		
Street Address 39 Pulaski Road			Street Address 90 Mapleville Road		
City Chepachet	State RI	Zip 02814	City Greenville	State RI	Zip 02828
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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			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		PAR VALUE
			100	Common	No 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 Kathleen Zange				Date 01/15/2022	
Signature of Authorized Representative <i>Kathleen Zange</i>					