



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2023  
**Corporation**

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

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1 Entity ID Number <b>000112697</b>		2 Exact name of the Corporation <b>Disalvo Construction, Inc.</b>			
3 Principal Office Address <b>566 Durfee Hill Road</b>		City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>	
4 NAICS Code <b>236118</b>	6 Brief description of the character of business conducted in Rhode Island <b>General Construction</b>				
5 State of Incorporation <b>RI</b>					
7 List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Robert M. DiSalvo</b>			Vice-President Name <b>None</b>		
Street Address <b>566 Durfee Hill Road</b>			Street Address		
City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>	City	State	Zip
Secretary Name <b>Deanna L. DiSalvo</b>			Treasurer Name <b>Deanna L. DiSalvo</b>		
Street Address <b>566 Durfee Hill Road</b>			Street Address <b>566 Durfee Hill Road</b>		
City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>	City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>
8 List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Robert M. DiSalvo</b>			Director Name <b>Deanna L. DiSalvo</b>		
Street Address <b>566 Durfee Hill Road</b>			Street Address <b>566 Durfee Hill Road</b>		
City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>	City <b>Chepache</b>	State <b>RI</b>	Zip <b>02814</b>
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9 Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State. Changes require an additional filing.		10 Shares Issued			
		NUMBER OF SHARES <b>200</b>	CLASS/SERIES <b>Common</b>	PAR VALUE <b>No Par Value</b>	
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.					
<b>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.</b>					
Name of Authorized Representative <b>Robert M. DiSalvo</b>				Date <b>1/16/23</b>	
Signature of Authorized Representative 				<b>FILED</b>	
<b>IAN 23 2023</b>					
<b>BY ml 9PGAT</b>					

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