



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.

FILED
STAMP

FEB 01 2023

BY 1212 FOR
SECRETARY OF STATE
US ONLY

1. Entity ID Number 001748713		2. Exact name of the Corporation FULL TILT CONSTRUCTION INC			
3. Principal Office Address 14 LARK INDUSTRIAL PKWY		City GREENVILLE		State RI	Zip 02828
4. NAICS Code 813910		6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION FOUNDATION DRIVEWAYS			
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 ANTHONY RENZI			Vice-President Name		
Street Address 194 CENTRAL PIKE			Street Address		
City FOSTER	State RI	Zip 02825	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIALS 0.000	PAR VALUE 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 ANTHONY J RENZI					Date 01-30-2023
Signature of Authorized Representative <i>Anthony J Renzi</i>					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov