RI SOS Filing Number: 202327909620 State of Rhode Island			Date: 2/6/2023 4:00:00 PM				
Department of S		ess Services I	Division		ero o	j ' '!	
Corporation = 2020			_	FEB 0 6 2023			
 → Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31. 				FEB 0 6 2023 025			
1. Entity ID Number 1746435		2. Exact name of the Corporation SCIABA CONSTRUCTION CORPORATION					
3. Principal Office Address 1801 Main Street			City Walpole		State MA	Zip 02081	
4. NAICS Code	6. Brief descr	iption of the charac	e Island				
236110	Construc	Construction					
5. State of Incorporation MASSACHUSETTS							
7. List ALL officers (names and	addresses)				ck the box to indic	cate an attachment	
President Name Edward J. Sciaba, Jr.			Vice-President Name Edward J. Sciaba, Jr.				
Street Address 7 Cedar Rock Meadows			Street Address 7 Cedar Rock Meadows				
East Greenwich	State RI	^{Zip} 02818	City East Greenwich		State RI	^{Zip} 02818	
Secretary Name Edward J. Sciaba, Jr.			Treasurer Name Edward J. Sciaba, Jr.				
7 Cedar Rock Meadows			Street Address 7 Cedar Rock Meadows				
^{City} East Greenwich	State RI	^{Zip} 02818	City East Greenwich		State RI	^{Zip} 02818	
8. List ALL directors (names an Director Name	d addresses)		In:	Che	ck the box to indic	cate an attachment	
Edward J. Sciaba, Jr.			Director Name None				
Street Address 7 Cedar Rock Meadows			Street Address				
City East Greenwich	State RI	^{Zip} 02818	City	-	State	Zip	
Director Name None			Director Name None				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
		10. Shares Iss			k the box to indicate an attachment		
This information is currently of record in the Department of State.		NUMBER OF SHARES		Common No Par Value			
Changes require an additional fil	ling.						
11. This report must be execute trustee, this report must be exe	ed on behalf of the	corporation by an a	authorized repres	L sentative. If the cor	poration is in the	hands of a receiver or	
The second secon		vorporation by	HILL FOODING OF H	43100.			

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and

Signature or will for yed Representative

Name of Authorized Representative

Edward J. Sciaba, Jr.

MAIL TO: Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

statements, and that all statements contained herein are true and correct.

Phone: (401) 222-3040 Website: www.sos.ri.gov Date

1-27-2023