



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

FEB 07 2023

BY 8863
ks

1. Entity ID Number <u>084730</u>		2. Exact name of the Corporation Testoni Construction, Inc.										
3. Principal Office Address 10 Suddard Lane		City North Scituate	State RI									
		Zip 02857										
4. NAICS Code 236118	6. Brief description of the character of business conducted in Rhode Island Home and commercial building and improvements											
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 Livio L. Testoni		Vice-President Name Judy Testoni										
Street Address 10 Suddard Lane		Street Address 10 Suddard Lane										
City North Scituate	State RI	City North Scituate	State RI									
Zip 02857		Zip 02857										
Secretary Name Judy Testoni		Treasurer Name Livio L. Testoni										
Street Address 10 Suddard Lane		Street Address 10 Suddard Lane										
City North Scituate	State RI	City North Scituate	State RI									
Zip 02857		Zip 02857										
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
Director Name None		Director Name None										
Street Address		Street Address										
City	State	City	State									
Zip		Zip										
Director Name None		Director Name None										
Street Address		Street Address										
City	State	City	State									
Zip		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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>500</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	500	Common	No Par			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
500	Common	No Par										
Changes require an additional filing.												
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 Livio L. Testoni		Date ✓ 2-6-23										
Signature of Authorized Representative <i>Livio L. Testoni</i>												

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