RI SOS Filing Number: 202328876390 Date: 2/17/2023 4:00:00 PM

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.

STAMP
FEB 17 2023
1897

1. Entity ID Number	2. Exact name of the Corporation			
66217	DaPONTE INVESTMENT CO., INC.			
3. Principal Office Address		City	State	Zip
250 Cowesett Avenue, Ste 2		West Warwick	RI	02893
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531390	General Real Estate			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Manuel C. Ponte, III	250 Cowesett Avenue, Ste 2	West Warwick	RI	02893

Vice-President Name	Street Address	City	State	Zip
Dean M. Ponte	250 Cowesett Avenue, Ste 2	West Warwick	RI	02893

Secretary Name	Street Address	City	State	Zip
Dean M. Ponte	250 Cowesett Avenue, Ste 2	West Warwick	RI	02893

Treasurer Name	Street Address	City	State	Zip
Manuel C. Ponte, Jr.	250 Cowesett Avenue, Ste 2	West Warwick	RI	02893

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Manuel C. Ponte, III	250 Cowesett Avenue, Ste 2	West Warwick	RI	02893

Director Name	Street Address	City	State	Zip
Dean M. Ponte	250 Cowesett Avenue, Ste 2	West Warwick	RI	02893

Director Name	Street Address	City	State	Zip
Manuel C. Ponte, Jr.	250 Cowesett Avenue, Ste 2	West Warwick	RI	02893

Director Name	Street Address	City	State	Zip

9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
300	Common	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	Date
Manuel C. Ponte, III	2/14/2023

Signature of Authorized Representative

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

FORM 630 - Revised: 2/2023