



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022  
Corporation

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R.I. DEPT. OF STATE  
BUS. SVCS. DIV.

2023 FEB 23 2:15

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

1. Entity ID Number <b>76398</b>	2. Exact name of the Corporation <b>J. Ruptolo Construction Inc.</b>
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3. Principal Office Address <b>260 Pound Hill Rd</b>		City <b>A. Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>
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4. NAICS Code <b>236118</b>	6. Brief description of the character of business conducted in Rhode Island <b>Excavation / Home Building</b>
5. State of Incorporation <b>RI</b>	

7. List ALL officers (names and addresses)						Check the box to indicate an attachment <input type="checkbox"/>	
President Name <b>Jason Ruptolo</b>			Vice-President Name <b>Jason Ruptolo</b>				
Street Address <b>260 Pound Hill Rd</b>			Street Address <b>Same</b>				
City <b>A. Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>	City <b>Same</b>	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 <b>Jason Ruptolo</b>			Director Name <b>Jason Ruptolo</b>				
Street Address <b>Same</b>			Street Address <b>Same</b>				
City <b>Same</b>	State	Zip	City <b>Same</b>	State	Zip		
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		

9. Shares Authorized 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 <b>8000</b>		CLASS/SERIES	PAR VALUE <b>None</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.

**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 <b>Jason Ruptolo</b>	Date <b>2/23/23</b>
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Signature of Authorized Representative 	FILED
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MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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BY [Signature] WSRZJ  
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