



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

MAR 23 2023 A.M.P.

BY

| 1. Entity ID Number<br><b>62452</b>                                                                                                                                                                                                                                                                                                                                                                                                                              |                    | 2. Exact name of the Corporation<br><b>EQUALITY CONSTRUCTION WORKS, INC.</b>                                                                             |                                                                                                                                                                                                                                                                 |                          |                     |                  |              |           |            |               |             |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------|------------------|--------------|-----------|------------|---------------|-------------|--|--|--|
| 3. Principal Office Address<br><b>37F Lark Industrial Parkway</b>                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                                                                                                                                          | City<br><b>Greenville</b>                                                                                                                                                                                                                                       | State<br><b>RI</b>       | Zip<br><b>02828</b> |                  |              |           |            |               |             |  |  |  |
| 4. NAICS Code<br><b>237310</b>                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>to engage in the construction business of any kind and description</b> |                                                                                                                                                                                                                                                                 |                          |                     |                  |              |           |            |               |             |  |  |  |
| 5. State of Incorporation<br><b>Rhode Island</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                                                                                                                                                          |                                                                                                                                                                                                                                                                 |                          |                     |                  |              |           |            |               |             |  |  |  |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                   |                    |                                                                                                                                                          |                                                                                                                                                                                                                                                                 |                          |                     |                  |              |           |            |               |             |  |  |  |
| President Name<br><b>Kiara M. Capaldi</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                                                                                                                                                          | Vice-President Name<br><b>Karen A. Capaldi</b>                                                                                                                                                                                                                  |                          |                     |                  |              |           |            |               |             |  |  |  |
| Street Address<br><b>247 Elmdale Avenue</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                                                                                                                                          | Street Address<br><b>61 Hunters Run</b>                                                                                                                                                                                                                         |                          |                     |                  |              |           |            |               |             |  |  |  |
| City<br><b>Scituate</b>                                                                                                                                                                                                                                                                                                                                                                                                                                          | State<br><b>RI</b> | Zip<br><b>02857</b>                                                                                                                                      | City<br><b>North Providence</b>                                                                                                                                                                                                                                 | State<br><b>RI</b>       | Zip<br><b>02904</b> |                  |              |           |            |               |             |  |  |  |
| Secretary Name<br><b>Evelyn Aissis</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                                                                                                                                                          | Treasurer Name<br><b>Karen A. Capaldi</b>                                                                                                                                                                                                                       |                          |                     |                  |              |           |            |               |             |  |  |  |
| Street Address<br><b>2 Anvil Drive</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                                                                                                                                                          | Street Address<br><b>61 Hunters Run</b>                                                                                                                                                                                                                         |                          |                     |                  |              |           |            |               |             |  |  |  |
| City<br><b>Cumberland</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        | State<br><b>RI</b> | Zip<br><b>02864</b>                                                                                                                                      | City<br><b>North Providence</b>                                                                                                                                                                                                                                 | State<br><b>RI</b>       | Zip<br><b>02904</b> |                  |              |           |            |               |             |  |  |  |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                  |                    |                                                                                                                                                          |                                                                                                                                                                                                                                                                 |                          |                     |                  |              |           |            |               |             |  |  |  |
| Director Name<br><b>None</b>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                                                                                                                                                          | 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<br>This information is currently of record in the Department of State.<br>Changes require an additional filing.                                                                                                                                                                                                                                                                                                                             |                    |                                                                                                                                                          | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                           |                          |                     |                  |              |           |            |               |             |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                                                                                                                                                          | <table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>100</b></td> <td><b>common</b></td> <td><b>none</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                          |                     | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | <b>100</b> | <b>common</b> | <b>none</b> |  |  |  |
| NUMBER OF SHARES                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CLASS/SERIES       | PAR VALUE                                                                                                                                                |                                                                                                                                                                                                                                                                 |                          |                     |                  |              |           |            |               |             |  |  |  |
| <b>100</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>common</b>      | <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.<br><b>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.</b> |                    |                                                                                                                                                          |                                                                                                                                                                                                                                                                 |                          |                     |                  |              |           |            |               |             |  |  |  |
| Name of Authorized Representative<br><b>Kiara M. Capaldi</b>                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                                                                                                                                                          |                                                                                                                                                                                                                                                                 | Date<br><b>3/16/23</b> ✓ |                     |                  |              |           |            |               |             |  |  |  |
| Signature of Authorized Representative<br>                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                                                                                                                          |                                                                                                                                                                                                                                                                 | ✓                        |                     |                  |              |           |            |               |             |  |  |  |

## MAIL TO:

Division of Business Services

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