



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.

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STATE DEPT. OF STATE

--2023 MAR 29 A 10:51

1. Entity ID Number 000122196		2. Exact name of the Corporation Imperatore Steel Erectors, Inc.	
3. Principal Office Address 2550 PLAINFIELD PIKE		City CRANSTON	State RI
		Zip 02921	
4. NAICS Code 236115	6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION		
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 BRAD BILODEAU		Vice-President Name ADAM BILODEAU	
Street Address 2550 PLAINFIELD PIKE		Street Address 2550 PLAINFIELD PIKE	
City CRANSTON	State RI	Zip 02921	City CRANSTON
			State RI
			Zip 02921
Secretary Name BRAD BILODEAU		Treasurer Name BRAD BILODEAU	
Street Address 2550 PLAINFIELD PIKE		Street Address 2550 PLAINFIELD PIKE	
City CRANSTON	State RI	Zip 02921	City CRANSTON
			State RI
			Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name BRAD BILODEAU		Director Name	
Street Address 2550 PLAINFIELD PIKE		Street Address	
City CRANSTON	State RI	Zip 02921	City
			State
			Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued	
		NUMBER OF SHARES 100.00	C. ASS/SERIES CNP
		PAR VALUE \$0.0000	
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 BRAD BILODEAU, PRESIDENT			Date 3/14/2023
Signature of Authorized Representative <i>Brad Bilodeau</i>			FILED 1051
MAR 29 2023			
BY 18548			

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