



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 STAMP

APR 21 2023

BY 8987

1. Entity ID Number 101824		2. Exact name of the Corporation GIANLORENZO & SONS CONSTRUCTION CORP.			
3. Principal Office Address 356 Dover Avenue			City East Providence	State RI	Zip 02914
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island General construction			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Steven Gianlorenzo			Vice-President Name Andrew Gianlorenzo		
Street Address 356 Dover Avenue			Street Address 37 Lyman Street		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02915
Secretary Name Steven Gianlorenzo			Treasurer Name Steven Gianlorenzo		
Street Address 356 Dover Avenue			Street Address 356 Dover Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Steven Gianlorenzo			Director Name None		
Street Address 356 Dover Avenue			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	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. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			100	Common	No Par Value
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 Steven Gianlorenzo					Date 3-1-2023
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