



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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 RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV. SECRETARY OF STATE
 USE ONLY

2023 APR 26 A 9 56

1. Entity ID Number 000007400		2. Exact name of the Corporation F.C. DIMAURO AND ASSOCIATES, INC.			
3. Principal Office Address 10 OLD STONE CHURCH ROAD			City TIVERTON	State RI	Zip 02878
4. NAICS Code 541310		6. Brief description of the character of business conducted in Rhode Island ARCHITECT/CONSTRUCTION CONTRACTOR.			
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 FRANK C. DIMAURO			Vice-President Name FRANK C. DIMAURO		
Street Address 10 OLD STONE CHURCH ROAD			Street Address 10 OLD STONE CHURCH ROAD		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
Secretary Name HOLLY H. DIMAURO			Treasurer Name FRANK C. DIMAURO		
Street Address 10 OLD STONE CHURCH ROAD			Street Address 10 OLD STONE CHURCH ROAD		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			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			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		PAR VALUE
			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 FRANK C. DIMAURO, PRESIDENT				Date 02.25.2023	
Signature of Authorized Representative <i>Frank C. Dimauro Pres</i>				FILED	

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]* 9.56
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