



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
MAY 10 2023
BY

1. Entity ID Number 39998		2. Exact name of the Corporation Construction Industries of Rhode Island			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Representing the Construction Industry Generally			
4. NAICS Code 813910 Business Assoc.					
6. Principal Office Address 615 Jefferson Blvd. Suite B207			City Warwick	State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael D. D'Ambra			Vice-President Name Stephen A. Cardi, II		
Street Address 80 Centre of New England Blvd.			Street Address 400 Lincoln Avenue		
City Coventry	State RI	Zip 02816	City Warwick	State RI	Zip 02888
Secretary Name John A. Rocchio			Treasurer Name Dustine J. Everson		
Street Address 20 Lark Industrial Parkway			Street Address 223 Allens Avenue		
City Smithfield	State RI	Zip 02828	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Stephen P. Lynch, Jr.			Director Name Richard Chagnon		
Street Address 50 Lynch Place			Street Address 8 Pine Grove Lane		
City Cumberland	State RI	Zip 02864	City West Greenwich	State RI	Zip 02817
Director Name Robert B. DiScuillo, Jr.			Director Name Michael A. Gammino, III		
Street Address 150 Higginson Avenue			Street Address 2259 E. Comm. Perry Hgwy.		
City Lincoln	State RI	Zip 02865	City Wakefield	State RI	Zip 02879
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Michael D. D'Ambra				Date May 8, 2023	
Signature of Officer/Authorized Representative 					

MAIL TO:
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