



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

MAY 11 2023

BY guy

| | | | | | |
|--|-----------------|--|---|--------------------|-------------------------|
| 1. Entity ID Number 000084477 | | 2. Exact name of the Corporation The RD Preservation Co., Inc. | | | |
| 3. Principal Office Address 10 Worthington Road, Suite A | | | City Cranston | State RI | Zip 02920 |
| 4. NAICS Code 23 Construction | | 6. Brief description of the character of business conducted in Rhode Island To engage in residential and commercial costructural business. | | | |
| 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 Dawn B. Diodati | | | Vice-President Name Dawn B. Diodati | | |
| Street Address 10 Worthington Road, Suite A | | | Street Address 10 Worthington Road, Suite A | | |
| City Cranston | State RI | Zip 02920 | City Cranston | State RI | Zip 02920 |
| Secretary Name Dawn B. Diodati | | | Treasurer Name Dawn B. Diodati | | |
| Street Address 10 Worthington Road, Suite A | | | Street Address 10 Worthington Road, Suite A | | |
| City Cranston | State RI | Zip 02920 | City Cranston | State RI | Zip 02920 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name | | | 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 | | |
| | | | CLASS/SERIES | | |
| | | | 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 Dawn B. Diodati | | | | | Date 02/10/23 |
| Signature of Authorized Representative <i>Dawn B. Diodati</i> | | | | | |