



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

RECEIVED STATE
 CORPORATIONS DIV

2023 SEP 18 PM 3:00

Annual Report for the year: 2020
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
 STATE DEPT. OF
 BUSINESS SERVICES
 2023 SEP 21 12:58

1. Entry ID Number 507723		2. Exact name of the Corporation DeStefano & Chamberlain, Inc			
3. Principal Office Address 50 Thorpe Street		City Fairfield		State CT	Zip 06824
4. NAICS Code 541330		6. Brief description of the character of business conducted in Rhode Island Structural Engineering Services			
5. State of Incorporation Connecticut					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James B. DeStefano			Vice-President Name Kevin H. Chamberlain		
Street Address 50 Thorpe Street			Street Address 50 Thorpe Street		
City Fairfield		State CT	Zip 06824	City Fairfield	
State CT		Zip 06824		State CT	
City Fairfield		Zip 06824		City Fairfield	
Secretary Name Giuseppe R. Gencarelli			Treasurer Name		
Street Address 50 Thorpe Street			Street Address		
City Fairfield		State CT	Zip 06824	City	
State CT		Zip 06824		State	
City Fairfield		Zip 06824		City	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name James B. DeStefano			Director Name Kevin H. Chamberlain		
Street Address 50 Thorpe Street			Street Address 50 Thorpe Street		
City Fairfield		State CT	Zip 06824	City Fairfield	
State CT		Zip 06824		State CT	
City Fairfield		Zip 06824		City	
State CT		Zip 06824		State	
City Fairfield		Zip 06824		City	
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
			1108		.00
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 James B. DeStefano					Date 9-14-23
Signature of Authorized Representative					

FILED

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

SEP 21 2023
 BY **AAADOP**
AA-1:11PM
 FORM 630 - Revised 10/2017