



State of Rhode Island
Department of State - Business Services Division

STAMP

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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number 001713569		2. Exact name of the Corporation RI PROPERTY CONSTRUCTION MGT, INC	
3. Principal Office Address 331 KILLINGLY STREET		City PROVIDENCE	State RI
		Zip 02909	
4. NAICS Code 238990	6. Brief description of the character of business conducted in Rhode Island BUILDING CONSTRUCTION AND MANAGEMENT TITLE: 7-1.2-1701		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Joseph A DASILVA		Vice-President Name Joseph A DASILVA	
Street Address 331 KILLINGLY STREET		Street Address 331 KILLINGLY STREET	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02909		Zip 02909	
Secretary Name Joseph A DASILVA		Treasurer Name Joseph A DASILVA	
Street Address 331 KILLINGLY STREET		Street Address 331 KILLINGLY STREET	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02909		Zip 02909	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Joseph A DASILVA		Director Name	
Street Address 331 KILLINGLY STREET		Street Address	
City PROVIDENCE	State RI	City	State
Zip 02909		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES	CLASS/SERIES
Changes require an additional filing.		10,000	CNP
			\$ 0.0000
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 Joseph A DASILVA			Date 01/03/2023
Signature of Authorized Representative 			FILED JAN - 3 2024 BY S JUND

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov