



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.

STAMP

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R.I. DEPT. OF STATE
BUS SVCS DIV

2024 JAN - 5 A 7 41

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	Zip 02909	City PROVIDENCE	State RI	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	Zip 02909	City PROVIDENCE	State RI	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	Zip 02909	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
		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 				JAN - 3 2024 BY S JWINO	

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