RI SOS Filing Number: 202445094150 Date: 1/31/2024 9:42:00 AM

| State of Rhode Islan Department of St Annual Report for the year:  | _  | ss Services                              | Division                    | l                                     | •                 |                   |  |
|--|--|--|-----------------------------|---------------------------------------|-------------------|-------------------|--|
| Corporation  |  |  |                             |                                       | REC'D             |                   |  |
| → Filing period: February 1 - May 1  |  |  |                             |                                       | JEC.              |                   |  |
| <ul> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.00 fee if form is not filed by May 31.</li> </ul> |  |  |                             | NO.                                   |                   |                   |  |
|  |  |  |                             |                                       | _ <u>ωχ</u>       |                   |  |
| 1. Entity ID Number 2. Exact name of the Corporation   |  |  |                             | ₹                                     |                   |                   |  |
| 001656925 D'Allessandro Corp.  |  |  |                             | AMOS BE                               |                   |                   |  |
| 3. Principal Office Address  |  |  | City                        |                                       | State:            | Zip               |  |
| 254 Pleasant Street  |  |  |                             | Bridgewater                           | MÆ                | 02379             |  |
| 4. NAICS Code  | 6. Brief descript  | tion of the characte                     | er of busine                | ess conducted in Rho                  | de Island         |                   |  |
| 237110   | The company expertise is in underground utilities, site development,     |  |                             |                                       |                   |                   |  |
| 5. State of Incorporation  | landscape construction, marine bridges, and many other special projects. |  |                             |                                       |                   |                   |  |
| Massachusetts  | The compa  | iny also does                            | snow rea                    | moval for local t                     | owns and c        | ities.            |  |
| 7. List ALL officers (names and ad-  | dresses)   |  |                             | Check th                              | ne box to indicat | te an attachment  |  |
| President Name Jon D'Allessandro   |  |  |                             | Vice-President Name Jon D'Allessandro |                   |                   |  |
| Street Address 36 Talbot Road  |  |  |                             | Street Address 36 Talbot Road         |                   |                   |  |
| <sup>City</sup> Hingham  | State MA   | <sup>Zip</sup> 02043                     | City<br>Hingham             |                                       | State M           | A 2ip 02043       |  |
| Secretary Name Jon D'Allessandro   |  |  |                             | Treasurer Name Jon D'Allessandro      |                   |                   |  |
| Street Address 36 Talbot Road  |  |  |                             | Street Address 36 Talbot Road         |                   |                   |  |
| <sup>City</sup> Hingham  | State MA   | <sup>Zip</sup> 02043                     | City Hin                    | gham                                  | State MA          | A Zip 02043       |  |
| <ol><li>List ALL directors (names and ac</li></ol>   | ddresses)  |  |                             | Check th                              | e box to indicat  | e an attachment 🔲 |  |
| 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 Issue                         | ed                          | Check th                              | ne box to indicat | e an attachment   |  |
| This information is currently of recor<br>Department of State.   | d in the   | NUMBER OF S                              | HARES                       | CLASS/SE                              | RIES              | PAR VALUE         |  |
| Changes require an additional filing.  |  | 1,000                                    |                             | CNP                                   | 0                 | 0                 |  |
|  |  |  |                             |                                       |                   |                   |  |
| 11. This report must be executed or  | n behalf of the cor  | poration by an air                       | thorized ren                | t<br>presentative if the co           | moration is in th | ne hands of a re- |  |
| ceiver or trustee, this report must be<br>Under penalty of perjury, I declar<br>statements, and that all statemen    | e executed on bel<br>e and affirm that                                   | half of the corporal<br>If have examined | tion by the I<br>this repor | receiver or trustee.                  |                   |                   |  |
| Name of Authorized Representative  |  |  |                             |                                       | Date              |                   |  |
| Jon D'Allessandro  |  |  |                             | 01/31/2024                            |                   |                   |  |
| Signature of Authorized Representa   | FILED  |  |                             |                                       |                   |                   |  |
| MAIL TO:<br>Division of Business Services<br>48 W. River Street, Providence, Rhode                                   | Island 02904-2615  |  | ··                          | N 9 1 2024                            | 9'.4 <i>t</i>     |                   |  |
| hone: (401) 222,3040   |  |  |                             |                                       |                   |                   |  |

Phone: (401) 222-3040 Website: www.sos.ri.gov

