



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.

REC'D RIDOS BLD  
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1. Entity ID Number <b>001656925</b>		2. Exact name of the Corporation <b>D'Allessandro Corp.</b>			
3. Principal Office Address <b>254 Pleasant Street</b>			City <b>West Bridgewater</b>	State <b>MA</b>	Zip <b>02379</b>
4. NAICS Code <b>237110</b>		6. Brief description of the character of business conducted in Rhode Island <b>The company expertise is in underground utilities, site development, landscape construction, marine bridges, and many other special projects. The company also does snow removal for local towns and cities.</b>			
5. State of Incorporation <b>Massachusetts</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Jon D'Allessandro</b>			Vice-President Name <b>Jon D'Allessandro</b>		
Street Address <b>36 Talbot Road</b>			Street Address <b>36 Talbot Road</b>		
City <b>Hingham</b>	State <b>MA</b>	Zip <b>02043</b>	City <b>Hingham</b>	State <b>MA</b>	Zip <b>02043</b>
Secretary Name <b>Jon D'Allessandro</b>			Treasurer Name <b>Jon D'Allessandro</b>		
Street Address <b>36 Talbot Road</b>			Street Address <b>36 Talbot Road</b>		
City <b>Hingham</b>	State <b>MA</b>	Zip <b>02043</b>	City <b>Hingham</b>	State <b>MA</b>	Zip <b>02043</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		1,000		CNP	
				PAR VALUE	
				0	
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. <i>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.</i>					
Name of Authorized Representative <b>Jon D'Allessandro</b>				Date <b>01/31/2024</b>	
Signature of Authorized Representative 					

**FILED**

MAIL TO:  
Division of Business Services  
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Website: www.sos.ri.gov

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BY VySFW  
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