



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

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 BUDOS BSD
24 JAN 21 AM 9:00

1. Entity ID Number 001656925		2. Exact name of the Corporation D'Allessandro Corp.			
3. Principal Office Address 254 Pleasant Street		City West Bridgewater		State MA	Zip 02379
4. NAICS Code 237110		6. Brief description of the character of business conducted in Rhode Island 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.			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jon D'Allessandro			Vice-President Name Jon D'Allessandro		
Street Address 36 Talbot Road			Street Address 36 Talbot Road		
City Hingham	State MA	Zip 02043	City Hingham	State MA	Zip 02043
Secretary Name Jon D'Allessandro			Treasurer Name Jon D'Allessandro		
Street Address 36 Talbot Road			Street Address 36 Talbot Road		
City Hingham	State MA	Zip 02043	City Hingham	State MA	Zip 02043
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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			Check the box to indicate an attachment <input type="checkbox"/>		
NUMBER OF SHARES			CLASS/SERIES		PAR VALUE
1,000			CNP		0
Changes require an additional filing.					
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 Jon D'Allessandro					Date 01/31/2024
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.ri.gov

JAN 31 2024

BY VySFW 9:44

FORM 630- Revised 04/2023