State of Rhode Islan Department of St	tate - Busine	ess Services	Divisior	1				_	
Annual Report for the year:	2021								
Corporation → Filing period: February 1 -	May 1					22 _R			
→ Filing Fee: \$50.00	•					REC'D '24 JAN			
→ Penalty: Additional \$25.00 f						-6370 -			
1. Entity ID Number 001656925		of the Corporation andro Corp.				DOS 1 AMS			
3. Principal Office Address	D Allessa	haro corp.				10 (Q)			
254 Pleasant Street			City	t Bridgewater	1	State SS Mg	i	Zip 02379	
4. NAICS Code	16. Brief descrip	tion of the charact		ess conducted in Rho				020,0	
237110	4						ionme	nt	
5. State of Incorporation Massachusetts	landscape	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.							
7. List ALL officers (names and add				Check t				lachment 🗀	
President Name Jon D'Allessan		sident Name Jon D'/	Alless						
36 Talbot Road			Street Au	dress 36 Talbot F	Road	_	~		
City Hingham	State MA	^{Zip} 02043	City Hin	ngham		State M/	A	^{Zip} 02043	
Secretary Name Jon D'Allessan	ndro		Treasurer	^{r Name} Jon D'Alle	essanc	dro			
Street Address 36 Talbot Road	Street Add	36 Talbot F	Road						
^{City} Hingham	State MA	^{Zip} 02043	City Hin	igham		State MA	A	^{Zip} 02043	
8. List ALL directors (names and ad Director Name	ddresses)		Director Na	Check t	he box	to indicate	e an att		
	<u>-</u>								
Street Address			<u> </u>	Street Address					
City	State	Zip	City			State		Zip	
Director Name			Director Na	ame					
Street Address	Street Addr	iress		 					
	State	Zip	City			State		Zip	
9. Shares Authorized This information is currently of record	d in the	10. Shares Issue		Check to		to indicate		achment [
Department of State.	a in the	1,000	HARES	CNP	ERIES	To		PAR VALUE	
Changes require an additional filing.									
11. This report must be executed on	n behalf of the cor	poration by an au	thorized rep	resentative. If the c	orporati	on is in th	ne hand	s of a re-	
ceiver or trustee, this report must be Under penalty of perjury, I declare statements, and that all statement	e executed on beh re and affirm that nts contained her	half of the corporat t I have examined	ation by the r d this report	receiver or trustee.					
Name of Authorized Representative	,	Citi div www	COILCO			Date			
Jon D'Allessandro Signature of Authorized Representation	···	 	F	FILED 01/31/2024					
algnature of Authorized Representati	tive		JAN	N 3 1 2024					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY VySFW 9:40

FORM 630- Revised: 04/2023