



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020

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 RI SOS
 24 JAN 31 AM 9:40:14

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	City Hingham	State MA
Zip 02043		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	City Hingham	State MA
Zip 02043		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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 1,000	CLASS/SERIES 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. 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

JAN 31 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 V. J. SEW 9:39