



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024  
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

**FILED**  
**FEB 12 2024**  
 BY 50195  
OS

1 Entity ID Number <b>66919</b>		2. Exact name of the Corporation <b>J.J. Cardosi, Inc.</b>			
3 Principal Office Address <b>150 Amaral Street</b>		City <b>Riverside</b>		State <b>RI</b>	Zip <b>02915</b>
4 NAICS Code <b>236116</b>		6. Brief description of the character of business conducted in Rhode Island <b>To engage in the business of construction as a general</b>			
5 State of Incorporation <b>RI</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>John J. Cardosi, Jr.</b>			Vice-President Name <b>None</b>		
Street Address <b>150 Amaral Street</b>			Street Address		
City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>	City	State	Zip
Secretary Name <b>John J. Cardosi, Jr.</b>			Treasurer Name <b>John J. Cardosi, Jr.</b>		
Street Address <b>150 Amaral Street</b>			Street Address <b>150 Amaral Street</b>		
City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>	City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</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 <b>None</b>			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/SE-RHS	FAR VA..LF
		<b>100</b>		<b>Common</b>	<b>No Par Value</b>
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.					
<b>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.</b>					
Name of Authorized Representative <b>John J. Cardosi, Jr., President</b>					Date <b>1-25-24</b>
Signature of Authorized Representative 					

MAIL TO:  
 Division of Business Services  
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