

S0299

**State of Rhode Island  
Department of State - Business Services Division**

**FILED**

**Annual Report for the year:** 2024  
**Corporation**

**MAR 07 2024**  
BY *[Signature]*  
DS

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

1. Entity ID Number 001677402		2. Exact name of the Corporation K. DAPONTE EQUIPMENT CORP.			
3. Principal Office Address 100 WEYBOSSET STREET			City FALL RIVER	State MA	Zip 02723
4. NAICS Code 238900		6. Brief description of the character of business conducted in Rhode Island CONCRETE			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					<input type="checkbox"/>
President Name KEVIN DAPONTE			Vice-President Name		
Street Address 7 NICOLE WAY			Street Address		
City NORTH DARTMOUTH	State MA	Zip 02747	City	State	Zip
Secretary Name KEVIN DAPONTE			Treasurer Name KEVIN DAPONTE		
Street Address 7 NICOLE WAY			Street Address 7 NICOLE WAY		
City NORTH DARTMOUTH	State MA	Zip 02747	City NORTH DARTMOUTH	State MA	Zip 02747
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					<input type="checkbox"/>
Director Name KEVIN DAPONTE			Director Name		
Street Address 7 NICOLE WAY			Street Address		
City NORTH DARTMOUTH	State MA	Zip 02747	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</span>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		100		COMMON	
				PAR VALUE	
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 <i>[Signature]</i>					Date 3-5-24
Signature of Authorized Representative KEVIN DAPONTE					

**MAIL TO:**  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov