RI SOS Filing Number: 202449107540 Date: 3/15/2024 4:00:00 PM

State of Rhode Island Department of State - Business Services Division							Simple		
Annual Report for the year: 2024									
Corporation ——————							2AR		
Filing period: February 1 - May 1							ĎΩ		
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.							) 15점		
Entity ID Number     2. Exact name of the Corporation							¥0		
000122196	Imperatore Steel Erectors, Inc.						<b>,</b> - (€)		
				City   State   Zip					
2550 Plainfield Pike			Cranst	ion		RI	20	02921	
4 NAICS Code	6. Brief description of the character of business conducted in Rhode Island					nd		<u>!</u>	
236115	Construction								
5. State of Incorporation	1								
Rhode Island	Į.								
7. List ALL officers (names and addresses)  Check the box to indicate an attachment									
President Name Brad Bilodeau				Vice-President Name Adam Bilodeau					
Street Address 2550 Plainfield Pike				Street Address 2550 Plainfield Pike					
<sup>City</sup> Cranston	State RI	<sup>Zip</sup> 02921	City Crai	City Cranston		State RI		Zip 02921	
Secretary Name Brad Bilodeau			Treasurer	Treasurer Name Brad Bilodeau					
Street Address 2550 Plainfield Pike				Street Address 2550 Plainfield Pike					
<sup>City</sup> Cranston	State RI	<sup>Z<sub>ip</sub></sup> 02921	City Cranston			State RI		Zip 02921	
8. List ALL directors (names and addresses)  Check the box to indicate an attachment  Director Name  Director Name							schment 🗌		
Brad Bilodeau			NONE						
Street Address 2550 Plainfield Pike				Street Address					
<sup>City</sup> Cranston	State RI	<sup>Zıp</sup> 02921	City			State		Zıp	
Director Name NONE			Director Na	Director Name NONE					
Street Address				Street Address					
Ĉity	State	Zip	City		<del></del>	State		Zip	
9 Shares Authorized		10. Shares Issu				to indica			
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES					PAR VALUE	
		100		CNP		\$0.0000			
		1							
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	/e					Date /	,		
Brad Bilodeau, President						2/2	26/2	1024	
Signature of Authorized Representative									
MAIL TO:									

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov