



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.

REC'D RHODES BSO
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1. Entity ID Number 000122196		2. Exact name of the Corporation Imperatore Steel Erectors, Inc.			
3. Principal Office Address 2550 Plainfield Pike		City Cranston		State RI	Zip 02921
4. NAICS Code 236115	6. Brief description of the character of business conducted in Rhode Island Construction				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Brad Bilodeau			Vice-President Name Adam Bilodeau		
Street Address 2550 Plainfield Pike			Street Address 2550 Plainfield Pike		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Brad Bilodeau			Treasurer Name Brad Bilodeau		
Street Address 2550 Plainfield Pike			Street Address 2550 Plainfield Pike		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Brad Bilodeau			Director Name NONE		
Street Address 2550 Plainfield Pike			Street Address		
City Cranston	State RI	Zip 02921	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	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		CLASS/SERIES	
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	CNP	\$0.0000	
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 Brad Bilodeau, President				Date 2/26/2024	
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.ri.gov

FILED
MAR 20 2024
BY 06C7P
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