



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2024

MAR 18 2024

Corporation

BY 1785

→ 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 859046		2. Exact name of the Corporation Rhode Island Construction & Design, Inc.			
3. Principal Office Address 46 Colvintown Rd.		City Coventry		State RI	Zip 02816
4. NAICS Code 238990	6. Brief description of the character of business conducted in Rhode Island Construction				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Donald J. Palleschi			Vice-President Name Donald J. Palleschi		
Street Address 46 Colvintown Rd.			Street Address 46 Colvintown Rd.		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Donald J. Palleschi			Treasurer Name Jeanine Palleschi		
Street Address 46 Colvintown Rd.			Street Address 46 Colvintown Rd.		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Donald J. Palleschi			Director Name		
Street Address 46 Colvintown Rd.			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued 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.			NUMBER OF SHARES		
			CLASS/SERIES		
			100	Common	.01
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 Donald J. Palleschi					Date 3-11-24
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

FORM 630 - Revised: 11/2021