



State of Rhode Island
Department of State - Business Services Division

FILED

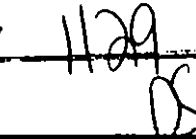
MAR 15 2024

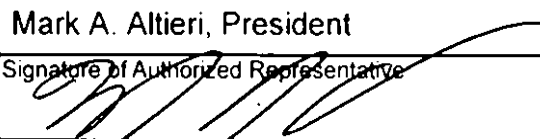
REC'D RIDOS BSD
24 MAR 15 AM 9:46:25

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.

BY 

1. Entity ID Number 001756220		2. Exact name of the Corporation Altieri Construction Corp.			
3. Principal Office Address 1364 Phenix Avenue			City Cranston	State RI	Zip 02921
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island Construction services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Mark A. Altieri			Vice-President Name Virginia M. Altieri		
Street Address 1364 Phenix Avenue			Street Address 1364 Phenix Avenue		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Virginia M. Altieri			Treasurer Name Virginia M. Altieri		
Street Address 1364 Phenix Avenue			Street Address 1364 Phenix Avenue		
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			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		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	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 Mark A. Altieri, President					Date 3.4.24
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