



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.

| 1. Entity ID Number 001726546 | | 2. Exact name of the Corporation T Cardoso Construction Management Inc | | | | | | | | | | | | |
|--|--------------|--|---------------------|-------------|------------------|------------------|--------------|-----------|-----|-----|---|--|--|--|
| 3. Principal Office Address 27 Bellevue St | | City Cumberland | | State RI | Zip 02864 | | | | | | | | | |
| 4. NAICS Code 236115 | | 6. Brief description of the character of business conducted in Rhode Island General contracting for residential properties | | | | | | | | | | | | |
| 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 Tyler S Cardoso | | | Vice-President Name | | | | | | | | | | | |
| Street Address 27 Bellevue St | | | Street Address | | | | | | | | | | | |
| City Cumberland | State RI | Zip 02864 | City | State | Zip | | | | | | | | | |
| Secretary Name | | | Treasurer Name | | | | | | | | | | | |
| Street Address | | | Street Address | | | | | | | | | | | |
| City | State | Zip | City | State | Zip | | | | | | | | | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | | | | |
| Director Name Tyler S Cardoso | | | Director Name | | | | | | | | | | | |
| Street Address 27 Bellevue St | | | Street Address | | | | | | | | | | | |
| City Cumberland | State RI | Zip 02864 | City | State | Zip | | | | | | | | | |
| Director Name | | | Director Name | | | | | | | | | | | |
| Street Address | | | Street Address | | | | | | | | | | | |
| City | State | Zip | City | State | Zip | | | | | | | | | |
| 9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing. | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | | |
| | | <table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>100</td><td>CNP</td><td>0</td></tr><tr><td></td><td></td><td></td></tr></tbody></table> | | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | 100 | CNP | 0 | | | |
| NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | | | | | | | | | | | | |
| 100 | CNP | 0 | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 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 Scott DiChristofero | | | | | Date 03/05/24 | | | | | | | | | |
| 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

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