



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023

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 BSD  
24 MAR 21 PM 12:21:03

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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
		<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. <b>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.</b>														
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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BY MASON