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State of Rhode Island Department of State - Business Services Division						20 	
Annual Report for the year: クックは							
Corporation 2024						190 2 4	
→ Filing period: February 1 - May 1				య్య మారు			
 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31. 				9:3			
1. Entity ID Number		• •			_	<u>m</u>	
000113681 DAMIANI CONSTRUCTION, INC.							
3. Principal Office Address ALLAR DK	2.		City	HNSTON	State	I 202919	
4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island							
236111 CONSTRUCTION, REPAIR							
5. State of Incorporation \$ SALES of RES. 9 COMM. PROPS.							
7. List ALL officers (names and addresses) President Name Vice-President Name							
KICHARD DAMIANI			Vice-President Name ANGELO DAMIANI				
170 BARNDOOR LN.			Street Addicess PARK FOREST RD				
City CRANSTON	State	Zip 2921	City R	ANSTON	State	t 82920	
Secretary Name				Treasurer Name			
Street Address				Street Address			
City	State	Zıp	City		State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment							
Director Name	Director Name						
Street Address			Street Address				
City	State	Zip	City		State	Zıp	
Director Name		· · · · · · · · · · · · · · · · · · ·	Director Name	•	_	1:-	
Street Address	Street Address						
City	State	Zip	City		State	Zip	
9. Shares Authorized	l	10. Shares Issue			ıe box to ii	ndicate an attachment	
This information is currently of recor Department of State.	d in the	NUMBER OF SH	IARES	CLASS/SERIES		PAR VALUE	
Changes require an additional filing.		100 572			0,00		
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 Date , /							
ANGELO	3/22/2024						
Signature of Authorized Representative FILED 3/27/2024							
MAR 22 2024							
MAIL TO:							

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY ML ASOKX