State of Rhode Island
Department of State - Business Services Division

FILED
MAR 22 2024
BY 906H
DS

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	2. Exact name of the Corporation			
84730	Testoni Construction, Inc.			
3. Principal Office Address		City	State	Zip
10 Suddard Lane		North Scituate	RI	02857
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
236118	Home and commercial building and improvements			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Livio L. Testoni			Vice-President Name: Judy Testoni		
Street Address: 10 Suddard Lane			Street Address: 10 Suddard Lane		
City: North Scituate	State: RI	Zip: 02857	City: North Scituate	State: RI	Zip: 02857
Secretary Name: Judy Testoni			Treasurer Name: Livio L. Testoni		
Street Address: 10 Suddard Lane			Street Address: 10 Suddard Lane		
City: North Scituate	State: RI	Zip: 02857	City: North Scituate	State: RI	Zip: 02857

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: None			Director Name: None		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Director Name: None			Director Name: None		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	500	Common	No Par

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
Livio L. Testoni	3-20-24

Signature of Authorized Representative: Livio L. Testoni

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov