



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.

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STAMP

FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 000141914		2. Exact name of the Corporation Sabetti Construction, Inc.			
3. Principal Office Address 300 Old Baptist Road #2			City North Kingstown	State RI	Zip 02852
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island To operate as a general contractor subcontractor and/or electrical contractor for all types of construction and photovoltaic solar installation			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Douglas Sabetti			Vice-President Name		
Street Address 63 Morrison Avenue			Street Address		
City Middletown	State RI	Zip 02842	City	State	Zip
Secretary Name Mark Cordeiro			Treasurer Name Douglas Sabetti		
Street Address 875 Carr's Trail			Street Address 63 Morrison Avenue		
City Greene	State RI	Zip 02827	City Middletown	State RI	Zip 02842
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Douglas Sabetti			Director Name		
Street Address 63 Morrison Avenue			Street Address		
City Middletown	State RI	Zip 02842	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"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,000.00	STK	\$1.0000
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 Douglas Sabetti					Date 3.22.24
Signature of Authorized Representative 					

FILED

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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