



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.

FILED

APR 24 2024

BY

SOS

1. Entity ID Number 62452		2. Exact name of the Corporation EQUALITY CONSTRUCTION WORKS, INC.			
3. Principal Office Address 37F Lark Industrial Parkway			City Greenville	State RI	Zip 02828
4. NAICS Code 237310		6. Brief description of the character of business conducted in Rhode Island to engage in the construction business of any kind and description			
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 Karen A. Capaldi			Vice-President Name Karen A. Capaldi		
Street Address 61 Hunters Run			Street Address 61 Hunters Run		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Secretary Name Evelyn Aissis			Treasurer Name Karen A. Capaldi		
Street Address 2 Anvil Drive			Street Address 61 Hunters Run		
City Cumberland	State RI	Zip 02864	City North Providence	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		common
			PAR VALUE		none
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 Karen A. Capaldi					Date 4/18/24
Signature of Authorized Representative <i>Karen A. Capaldi</i>					

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