FILED

MAY 0 6 2024

BY

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.

1. Entity ID Number	2. Exact name of the Corporation			
83780	JACAVONE CONSTRUCTION CORP.			
3. Principal Office Address		City	State	Zip
1461 Atwood Avenue		Johnston	RI	02919
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
238910	To engage in the business of excavating, landscaping and construction.			
5. State of Incorporation				
Rhode Island				

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

President Name: Dino Jacavone			Vice-President Name: None		
Street Address: 1461 Atwood Avenue			Street Address:		
City: Johnston	State: RI	Zip: 02919	City:	State:	Zip:
Secretary Name: Dino Jacavone			Treasurer Name: Dino Jacavone		
Street Address: 1461 Atwood Avenue			Street Address: 1461 Atwood Avenue		
City: Johnston	State: RI	Zip: 02919	City: Johnston	State: RI	Zip: 02919

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

Director Name: Dino Jacavone			Director Name: None		
Street Address: 1461 Atwood Avenue			Street Address:		
City: Johnston	State: RI	Zip: 02919	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.	100	Common	No Par Value

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
Dino Jacavone	4/20/24

Signature of Authorized Representative: Dino R Jacavone

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised: 12/2023