



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
JUL 18 2024
BY *[Signature]* 8888

1. Entity ID Number 000094311		2. Exact name of the Corporation S & F Construction, Inc.			
3. Principal Office Address 208 Chestnut Oak Rd			City Chepachet	State RI	Zip 02814
4. NAICS Code 238140		6. Brief description of the character of business conducted in Rhode Island Concrete, masonry			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James Saccoccio			Vice-President Name Emilio Feole Jr		
Street Address 208 Chestnut Oak Rd			Street Address 48 Pocasset St		
City Chepachet	State RI	Zip 02814	City Johnston	State RI	Zip 02919
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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	
		0		0	
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 James Saccoccio				Date 7/17/24	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
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