



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 8888

1. Entity ID Number <b>000094311</b>		2. Exact name of the Corporation <b>S &amp; F Construction, Inc.</b>		
3. Principal Office Address <b>208 Chestnut Oak Rd</b>		City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>
4. NAICS Code <b>238140</b>		6. Brief description of the character of business conducted in Rhode Island <b>Concrete, masonry</b>		
5. State of Incorporation <b>RI</b>				
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
President Name <b>James Saccoccio</b>		Vice-President Name <b>Emilio Feole Jr</b>		
Street Address <b>208 Chestnut Oak Rd</b>		Street Address <b>48 Pocasset St</b>		
City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>	City <b>Johnston</b>	State <b>RI</b>
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
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. <b>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.</b>				
Name of Authorized Representative <b>James Saccoccio</b>				Date <b>7/17/24</b>
Signature of Authorized Representative 				

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