RI SOS Filing Number: 202458946750 Date: 8/19/2024 11:56:00 AM

State of Rhode Island Department of State - Business Services Division SECRETARY CORPORATION OF THE PROPERTY OF THE PROPERT							
Annual Report for the year: Corporation	2024		Ĉ	124 AUG 10 17 1E	IND	<i>-U</i>	
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							
154562 P. Mandarini Construction & Development Group, Inc.							
3. Principal Office Address 51 Shun Pike			City Scitua	ta	State RI	Zip 02857	
4. NAICS Code 6. Brief description of the character						02037	
278220							
5. State of Incorporation	Construction	Construction and Development					
RI							
7. List ALL officers (names and addresses) President Name Vice-President Name Use-President Name							
Paul Mandarini				Paul Mandarini			
Street Address 51 Shun Pike			Street Address 51 Shun Pike				
^{City} Scituate	Stale RI	^{Zip} 02857	City Scit	utate		RI 02857	
Secretary Name Paul Mandarini			Treasurer Name Paul Mandarini				
Street Address 51 Shun Pike				Street Address 51 Shun Pike			
City Scitutate	State RI	^{Zip} 02857	^{City} Scitutate		State R	1 02857	
List ALL directors (names and Director Name	addresses)		Director Na		box to indica	ate an attachment 🗌	
Director (value							
Street Address S				Street Address			
City	State	Zip	City		State	Zip	
Director Name			Director Na	Director Name			
Street Address				Street Address			
City	State	Zip	City		State	Ζıp	
9. Shares Authorized This information is susceptly of sec	10 Shares Issu	s Issued Check the box to indicate an attachment BER OF SHARES CLASS/BERIES PAR VALUE CHASS/BERIES PAR VALUE					
This information is currently of record in the Department of State.		100		Common .01			
Changes require an additional filing.							
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-							
ceiver 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							
Paul Mandarini 8/14/24						4/24	
Signature of Authorized Representative FILED							
	···			***			

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov AUG 19 2024,

RI SOS Filing Number: 202458946750 Date: 8/19/2024 11:56:00 AM



I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

August 19, 2024 11:56 AM

Gregg M. Amore

Tregs M. Coure



