



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 125497		2. Exact name of the Corporation D.A.S. <i>Contracting Corp.</i>			
3. Principal Office Address 520 Old Country Road West		City Hicksville		State NY	Zip 11801
4. NAICS Code 531190		6. Brief description of the character of business conducted in Rhode Island Real Estate Development			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Constance Silveri			Vice-President Name Stephanie Silveri		
Street Address 520 Old Country Road West			Street Address 520 Old Country Road West		
City Hicksville	State NY	Zip 11801	City Hicksville	State NY	Zip 11801
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Constance Silveri			Director Name Angelo Silveri		
Street Address 520 Old Country Road West			Street Address 520 Old Country Road West		
City Hicksville	State NY	Zip 11801	City Hicksville	State NY	Zip 11801
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	
		100		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 Angelo Silveri				Date 5/14/24	
Signature of Authorized Representative <i>Angelo Silveri</i>					

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

*Filed 2/26/24*  
*Check # 039087*