

REC'D RI SOS BSD  
JAN 30 AM 9:57:36State of Rhode Island  
Department of State - Business Services DivisionAnnual Report for the year: 2025

## 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<br><u>000113681</u>                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                        | 2. Exact name of the Corporation<br><u>DAMIANI CONSTRUCTION, INC.</u>                                                 |                            |
| 3. Principal Office Address<br><u>6 ALCAR DR.</u>                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                        | City<br><u>JOHNSTON</u>                                                                                               | State<br><u>RI</u>         |
| Zip<br><u>02919</u>                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                        |                                                                                                                       |                            |
| 4. NAICS Code<br><u>236117</u>                                                                                                                                                                                                                                                                                                                                                                                                                            | 6. Brief description of the character of business conducted in Rhode Island<br><u>CONSTRUCTION REPAIR</u><br><u>&amp; SALES of RES. + COMM. PROPS.</u> |                                                                                                                       |                            |
| 5. State of Incorporation<br><u>RI</u>                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                        |                                                                                                                       |                            |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                            |                                                                                                                                                        |                                                                                                                       |                            |
| President Name<br><u>RICHARD DAMIANI</u>                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                        | Vice-President Name<br><u>ANGELO DAMIANI</u>                                                                          |                            |
| Street Address<br><u>170 BARNDOR LN.</u>                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                        | Street Address<br><u>137 PARK FOREST RD.</u>                                                                          |                            |
| City<br><u>CRANSTON</u>                                                                                                                                                                                                                                                                                                                                                                                                                                   | State<br><u>RI</u>                                                                                                                                     | City<br><u>CRANSTON</u>                                                                                               | State<br><u>RI</u>         |
| Zip<br><u>02921</u>                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                        | Zip<br><u>02920</u>                                                                                                   |                            |
| Secretary Name                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                        | Treasurer Name                                                                                                        |                            |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                        | Street Address                                                                                                        |                            |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                      | State                                                                                                                                                  | City                                                                                                                  | State                      |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                        | 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                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                        | Director Name                                                                                                         |                            |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                        | Street Address                                                                                                        |                            |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                      | State                                                                                                                                                  | City                                                                                                                  | State                      |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                        | Zip                                                                                                                   |                            |
| Director Name                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                        | Director Name                                                                                                         |                            |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                        | Street Address                                                                                                        |                            |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                      | State                                                                                                                                                  | City                                                                                                                  | State                      |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                        | Zip                                                                                                                   |                            |
| 9. Shares Authorized<br>This information is currently of record in the Department of State.<br>Changes require an additional filing.                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                        | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                        | NUMBER OF SHARES<br><u>100</u>                                                                                        | CLASS/SERIES<br><u>STK</u> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                        | PAR VALUE<br><u>0.00</u>                                                                                              |                            |
| 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.<br>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<br><u>ANGELO DAMIANI</u>                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                        | Date<br><u>01/29/2025</u>                                                                                             |                            |
| Signature of Authorized Representative<br>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                        |                                                                                                                       |                            |

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
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FILED 9:57

JAN 30 2025

FORM 630- Revised: 12/2023

BY W6GSD