



State of Rhode Island
Department of State - Business Services Division

Annual 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.

REC'D RHODES BSD
JAN 30 AM 9:57:36

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

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 9:57

JAN 30 2025

FORM 630- Revised: 12/2023

BY W6GSD