



State of Rhode Island
Department of State - Business Services Division

FILED

FEB 03 2025

BY 21584

AA

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.

1. Entity ID Number 000082289		2. Exact name of the Corporation Polisena Construction, Inc.			
3. Principal Office Address 47 Cedar Swamp Road, Unit 7			City Smithfield	State RI	Zip 02917
4. NAICS Code 213113		6. Brief description of the character of business conducted in Rhode Island Construction			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Vincent J. Polisena			Vice-President Name Vincent J. Polisena		
Street Address 47 Cedar Swamp Road, Unit 7			Street Address 47 Cedar Swamp Road, Unit 7		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name David Casali			Treasurer Name Vincent J. Polisena		
Street Address 47 Cedar Swamp Road, Unit 7			Street Address 47 Cedar Swamp Road, Unit 7		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Vincent J. Polisena			Director Name		
Street Address 47 Cedar Swamp Road, Unit 7			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			1,000		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. 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 Vincent J. Polisena				Date 1/27/25	
Signature of Authorized Representative 					