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State of Rhode Island

Department of State - Business Services Division

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Annual Report for the year: Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

2024

| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | |
|--|---|----------------------------------|--------------------|----------------------|
| 001744551 | D A D'ALLESANDRO CONSTRUCTION LLC | | | |
| 3. NAICS Code 236118 5. State of Formation RI | Brief description of the character of business conducted in Rhode Island CONSTRUCTION | | | |
| 6. Principal Office Address | | City | State | Zip |
| 11 CLARION STREET | | CRANSTON | RI | 02920 |
| 7. Mailing Address of Limited Li | iability Company and Name or T | ītle of Contact Person | | |
| Contact Name DAVID A D'ALLESANDRO | | Contact Title MEMBER | | |
| Street Address 11 CLARION STREET | | City CRANSTON | State RI | ^{Zip} 02920 |
| 8. The Resident Agent informat | ion currently of record with the F | RI Department of State is accura | te. Changes requir | e filing Form 642. |
| Under penalty of perjury, i | declare and affirm that I have ments contained herein are tri | examined this report, including | g any accompany | ing schedules and |
| Name of Authorized Person | | | Date | |
| DAVID A D'ALLESANDRO | | | 6-27-2025 | |
| Signature of Authorized Person | ~ Malitan | | | |

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BY WANG3

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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