

State of Rhode Island

Department of State - Business Services Division

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.

2023

4. Falls ID Markey	lo e i i i i i i i i i i i i i i i i i i	45.105.4		
Entity ID Number	2. Exact name of the Limited Liability Company			
001744551	D A D'ALLESANDRO CONSTRUCTION LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
236/18	CONSTRUCTION			
5. State of Formation]			
RI				
6. Principal Office Address		City	State	Zip
11 CLARION STREET		CRANSTON	RI	02920
7. Mailing Address of Limited Lia	ibility Company and Name or T	itle 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 information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. Under penalty of perjury, I d statements, and that all staten	eclare and affirm that I have nents contained herein are tr	examined this report, including we and correct.	g any accompany	ing schedules and
Name of Authorized Person			Date	
DAVID A D'ALLESANDRO			6-27-2025	
Signature of Authorized Person				

FILED 21/3/

JUN 3 0 2025



BY NANC3

MAIL TO:

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