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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 - Email: corporations@sos.ri.gov - Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 20

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

Talone Construction and General Contracting, Inc.	1. Entity ID No.	2. Exact nam	ne of the Corporation				
4. Business Phone No. 4. Business Phone No. 5. State of Incorporation Rhode Island 6. Brief description of the character of business conducted in Rhode Island General Contractor 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) President Name Donato A. Talone Street Address 220 Westcott Road City State Zip O2857 City State Zip Scrituate Xip State Zip City State Zip Street Address City State Zip B. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) J Director Name Street Address City State Zip City State Zip B. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) J Director Name Director Name Street Address City State Zip City State Zip Director Name Director Name Director Name Street Address City State Zip Director Name	69216	Talone	Talone Construction and General Contracting, Inc.				
Rhode Island General Contractor 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					■ **	Zip 02857	
General Contractor 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) President Name President Name	4. Business Phone No.						
President Name Vice-President Name Vice-President Name	•		conducted in Rhode Island	4		•	
President Name Vice-President Name Vice-President Name	7. LIST ALL OFFICERS (NAMES AND ADDR	ESSES) ("X" BOX FOR A	TTACHMENT)		· · ·	
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Under penalty of perjury, I declare and affirm that I have examine	This report must be exec	uted on behalf of the this report mu	corporation by an authorize st be executed on behalf o	f the corporation by the i	receiver or trustee.		

Form No. 630 Revised: 01/2012

FOR SECRETARY OF STATE USE ONLY

File Date ___

Check No _

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, seed that all statements contained beginning the true and correct.

FEB 07 2022 N

Signature of Authorized Representative

Dale

Donato A. Talone

Print or Type Name of Authorized Representative