RI SOS Filing Number: 202213149150 Date: 3/16/2022 4:00:00 PM

State of Rhode Island  Department of State - Business Services Division						CTA BAD	
Annual Report for the year: 2022						STAMP	
Corporation ————————————————————————————————————				FOR SECRETARY OF STATE USE GREY			
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fe	ee if form is not fi	led by May 31.			_		
1. Entity ID Number	2. Exact name of the Corporation						
123800	Imperatore/All Reach, Inc.						
3. Principal Office Address 2550 Plainfield Pike			Cranston		State RI	Zip 02921	
4. NAICS Code	6. Brief descripti	on of the characte	r of business co	onducted in Rhode Isl	and		
236115	Construction						
5. State of Incorporation							
Rhode Island							
7. List ALL officers (names and addresses)  Check the box to indicate an attachm						idicate an attachment 🔲	
President Name Brad Bilodeau			Vice-President Name Brad Bilodeau				
Street Address 2550 Plainfield Pike			Street Address 2550 Plainfield Pike				
<sup>City</sup> Cranston	State RI	<sup>Zip</sup> 02921	City Cransto		State RI	Z <sup>ip</sup> 02921	
Secretary Name Brad Bilodeau			Treasurer Name Brad Bilodeau				
Street Address 2550 Plainfield Pike			Street Address 2550 Plainfield Pike				
City Cranston	State RI	<sup>Zip</sup> 02921	City Cranston		State RI	<sup>Zip</sup> 02921	
8. List ALL directors (names and addresses)  Check the box to indicate an attachment  Director Name  Director Name							
NONE			Director Name NONE				
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
Director Name NONE			Director Name NONE				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized					eck the box to indicate an attachment PAR VALUE		
This information is currently of record in the Department of State.  Changes require an additional filing.		600		Common No f		No Par Value	
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 Brad Bilodeau, President					Date 2	12/2022	
Signature of Authorized Representative							
Bed Bloodille							
11AV 16 2021							

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 16 2022 WAR 16 2022

FORM 630 - Revised: 11/2021