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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of Stat*
Corporations Divisio
148 W. River Stree
Providence, RI 02904-261
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation
1038	Andreozzi Associates, Inc.

3. Street Address Principal Business Office	City	State	Zip
60 Bay Spring Avenue, Unit B3	Barrington	RI	02806

4. Business Phone No.	5. State of Incorporation
401-245-6300	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
General Contractors

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Robert S. Andreozzi	60 Bay Spring Avenue, Unit B3	Barrington	RI	02806

Vice President Name	Street Address	City	State	Zip
Roberta S. Andreozzi	60 Bay Spring Avenue, Unit B3	Barrington	RI	02806

Secretary Name	Street Address	City	State	Zip
Robert S. Andreozzi	60 Bay Spring Avenue, Unit B3	Barrington	RI	02806

Treasurer Name	Street Address	City	State	Zip
Roberta S. Andreozzi	60 Bay Spring Avenue, Unit B3	Barrington	RI	02806

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Robert S. Andreozzi	60 Bay Spring Avenue, Unit B3	Barrington	RI	02806

Director Name	Street Address	City	State	Zip
Roberta S. Andreozzi	60 Bay Spring Avenue, Unit B3	Barrington	RI	02806

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
200	Common	No Par

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.

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this repor including any accompanying schedules and statements, and that all statemen contained herein are true and correct.

Robert S Andreozzi — 1-7-10
Signature — *Date*

Robert S. Andreozzi
Print or Type Name

President
Title

[redacted]

File Date 1-12-2010
Check No. 20061
By: MNC

43925-4-443840
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