

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street

Providence, Rt 02904-2615 a01-222-3040

2010 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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(e):d) is

subject to a penalty fee of \$25.00						
1, Corporate ID No 92782		2. Name of Corporation Pezco, Inc.				
7. Street Address Principal Business Office 28 Mason Street			North Kingstown	RI RI	02852	
v. Business Phone No.5. State of Incorporation401-295-2660Rhode Island						
o. Brief Description of the Chard Owning and Managing	Real Estate					
	SSES OF THE OFFI	ICERS: ("X" BOX FOR ATTA		PACES BEFORE USING	G ATTACHMENTS	
President Name John A. Pezza			Vice President Name Same			
Street Address 28 Mason Street			Street Address			
োচ North Kingstown	State RI	^{Ζη} 02852	€H¥	State	Zip	
Secretary Name Same			Treasurer Name Same			
Mrcet Address			Nreat Address			
СИу	Slette	Ziţi	City	Mate	Zip	
8. NAMES AND ADDRES	SSES OF THE DIRI	ECTORS: ("X" BOX FOR AT	TACHMENT) [] FILL IN	SPACES BEFORE USI	NG ATTACHMENTS	
Director Name			Director Name			
John A. Pezza			Street Address			
Street Address 28 Mason Street			over annual			
City	State	Zip	City	Statte	Zψ	
North Kingstown	RI	02852				
Director Name			Director Name			
Mreet Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZE	ED	l	: 10. SHARES ISSUED ("X" BOX FOR ATT		CHMENT)	
×			ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
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.			Number of Shares	Class Series	Par Value	
			None			
This report must be exec	cuted on behalf of	the corporation by an authoriz	ed representative. If the co	orporation is in the ha	nds of a receiver or trustee.	
this report must be exec	uted on behalf of the	he corporation by the receiver	or trustee.	•		
•						
			Under penalty of po	rjury. I declare and affir	m that I have examined this rep	
			including any acobs contained hereig ar	mpanying schedules and	statements, and that all statem	
EU ED			contained hereit at	e tine and correct.	1/12/1x	
File Date EILED			Signature	mer 1	Delic	
Check JAN 1 5 201	n			///	1 170	
UNIT 1 0 401			Print or Type Name	La C		
BBY			President			
FOR SECREFARY	OF STATE USE ONLY		Title			
L			THIC		Form 630 Rev. 08/08	