

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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. 1038	2. Name of Corporation Andreozzi Associates, Inc.				
3. Street Address Principal Business Office 60 Bay Spring Avenue, Unit B3			^{City} Barrington	State RI	^{Zip} 02806
4. Business Phone No. 5. State of Incorporation Rhode Island					
6. Brief Description of the Character of General Contractors	f Business Conducted in Ri	bode Island			
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	<u> </u>	SPACES BEFORE USING	ATTACHMENTS
President Name Robert S. Andreozzi			Vice President Name Roberta S. Andreozzi		
Street Address 60 Bay Spring Avenue, Unit B3			Street Address 60 Bay Spring Avenue, Unit B3		
^{City} Barrington	State RI	^{Zip} 02806	City Barrington	State RI	^{Zip} 02806
Secretary Name Robert S. Andreozzi			Treasurer Name Roberta S. Andreozzi		
60 Bay Spring Avenue, Unit B3			Street Address 60 Bay Spring Avenue, Unit B3		
Barrington	State RI	^{Zip} 02806	City Barrington	State RI	^{Zip} 02806
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT. Director Name Robert S. Andreozzi			Director Name Roberta S. Andreozzi		
Street Address 60 Bay Spring Avenue, Unit B3			Street Address 60 Bay Spring Avenue, Unit B3		
City	State	Zip	City	State	Zip
Barrington	RI	02806	Barrington	RI	02806
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
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
			200	Common	No Par
This report must be executed this report must be executed of			or trustee.		s of a receiver or trustee, that I have examined this repo
File Date JAN 0 4 20	112		including any acc		atements, and that all statements
By: BY 220	5/		Print on Type Name	e e	<u>и</u>
FOR SECRETARY OF STA	TE USE ONLY		<u>1RES</u> Title	-	