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

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(cont'd)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
555084	DeVincenzo & Sons Inc.			
3. Street Address Principal Business Office		City	State	Zip
35 Spaulding Street		Everett	MA	02149
4. Business Phone No.	5. State of Incorporation			
	Massachusetts			

6. Brief Description of the Character of Business Conducted in Rhode Island
Concrete Work

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

President Name	Street Address	City	State	Zip
Dante DeVincenzo	45 High Street	Everett	MA	02149

Vice President Name	Street Address	City	State	Zip
Rosemary DeVincenzo	45 High Street	Everett	MA	02149

Secretary Name	Street Address	City	State	Zip
Dante DeVincenzo	45 High Street	Everett	MA	02149

Treasurer Name	Street Address	City	State	Zip
Dante DeVincenzo	45 High Street	Everett	MA	02149

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

Director Name	Street Address	City	State	Zip
Marc DeVincenzo	265 Lynn Street	Peabody	MA	01960

Director Name	Street Address	City	State	Zip
David DeVincenzo	39 Springdale Avenue	Saugus	MA	01906

Director Name	Street Address	City	State	Zip

RECEIVED
2012 FEB 28 AM 11:15
SECRETARY OF STATE
CORPORATIONS DIV

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
500	Common	No Par Value

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] [redacted]

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
FEB 28 2012
BY #C164923

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.

X _____
Signature *Date*

~~Dante~~ DeVincenzo
Print or Type Name

[redacted]
President
Title

Form 630 Rev. 08/08