



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>126202</b>		2. Exact name of the Corporation <b>T. FUOCO JR PAVING &amp; EXCAVATION, INC</b>			
3. Principal office address <b>370 ATWOOD AVE</b>		City <b>CRANSTON</b>		State <b>RI</b>	Zip <b>02920</b>
4. Business Phone No. <b>401-742-3005</b>		5. State of Incorporation <b>RHODE ISLAND</b>			
6. Brief description of the character of business conducted in Rhode Island <b>GENERAL CONTRACTOR PAVING AND EXCAVATION</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>THOMAS J FUOCO JR</b>		Vice-President Name <b>THOMAS J FUOCO JR</b>			
Street Address <b>89 PROSPECT ST</b>		Street Address <b>89 PROSPECT ST</b>			
City <b>MANVILLE</b>	State <b>RI</b>	Zip <b>02838</b>	City <b>MANVILLE</b>	State <b>RI</b>	Zip <b>02838</b>
Secretary Name <b>SAME AS ABOVE</b>		Treasurer Name <b>SAME AS ABOVE</b>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
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	
		1000	COMMON	NO PAR	

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CORPORATIONS DIV  
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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.

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

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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.

Signature of Authorized Representative

Date

Thomas J. Fuoco Jr  
Print or Type Name of Authorized Representative