



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 **2014**

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. 1038		2. Exact name of the Corporation Andreozzi Associates, Inc.			
3. Principal office address 60 Bay Spring Avenue			City Barrington	State RI	Zip 02806
4. Business Phone No. 401-245-6300			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island General Contractors					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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		
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
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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 Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 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) <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
			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.

File Date _____

FILED

Check No _____

DEC 27 2013

By: _____

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.

Robert S. Andreozzi
 Signature of Authorized Representative

12-23-13
 Date

FOR SECRETARY OF STATE USE ONLY BY *23937*

Print or Type Name of Authorized Representative _____