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.	2. Exact name of the Corporation
99123	ABCO ENTERPRISES INC.

3. Principal office address	City	State	Zip
41 SYLVIA AVENUE	NORTH PROV.	RHODE IS.	02911

4. Business Phone No.	5. State of Incorporation
401-353-3124	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island
SEWER, WATER SERVICES UNDERGROUND UTILITIES EXCAVATING WATER LINES BACKHOE SERVICE,EQUIPMENT RENTAL, ETC.

7. LIST **ALL** OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
DIANE SPAZIANO	41 SYLVIA AVENUE	NO. PROV	R.I.	02911

Vice-President Name	Street Address	City	State	Zip
COSIMO SPAZIANO	41 SYLVIA AVENUE	NO.PROV	R.I.	02911

Secretary Name	Street Address	City	State	Zip
DIANE SPAZIANO	41 SYLVIA AVENUE	NO PROV	R.I.	02911

Treasurer Name	Street Address	City	State	Zip
DANTE SPAZIANO	41 SYLVIA AVENUE	NO PROV	R.I.	02911

8. LIST **ALL** DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
NONE	NONE	NONE	NONE	NONE

Director Name	Street Address	City	State	Zip
NONE	NONE	NONE	NONE	NONE

Director Name	Street Address	City	State	Zip
NONE	NONE	NONE	NONE	NONE

Director Name	Street Address	City	State	Zip
NONE	NONE	NONE	NONE	NONE

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
	2000	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.

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

FILED
FEB 11 2014
BY 7745

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.

Diane Spaziano 2/10/2014
Signature of Authorized Representative — Date

Diane Spaziano
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012