



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 2015

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. 12743		2. Exact name of the Corporation SOSCIA ENTERPRISES, INC.			
3. Principal office address 23 Coventry Shoppers Park			City Coventry	State RI	Zip 02816
4. Business Phone No. 401-828-4800		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Purchase, improve, develop, lease, exchange, sell, dispose and otherwise deal in real estate					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Bruce Soscia			Vice-President Name Bruce and Bryan Soscia		
Street Address 6 Silver Maple Drive			Street Address 6 Silver Maple Drive and One Doric Court, respectively		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Same			Treasurer Name Same		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Bruce Soscia			Director Name		
Street Address Same			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
			100	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 _____
 Check No. _____
 By _____
FOR SECRETARY OF STATE USE ONLY

FILED
 JAN 23 2015
 4790

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.

Bruce Soscia Pres 1/13/15
 Signature of Authorized Representative Date

Bruce Soscia - President
 Print or Type Name of Authorized Representative