



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 2016**

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>130347</b>		2. Exact name of the Corporation <b>B.E.C. CONSTRUCTION CO.</b>					
3. Principal office address <b>22 LEAH STREET</b>				City <b>JOHNSTON</b>	State <b>R.I.</b>	Zip <b>02919</b>	
4. Business Phone No. <b>401-265-6180</b>				5. State of Incorporation <b>R.I.</b>			
6. Brief description of the character of business conducted in Rhode Island <b>SITE CONTRACTOR</b>							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name <b>BOCCO IZZO</b>				Vice-President Name <b>PAUL LUDOVICI</b>			
Street Address <b>17 MARYANN DR.</b>				Street Address <b>40 THURBER STREET</b>			
City <b>CRANSTON</b>	State <b>R.I.</b>	Zip <b>02921</b>		City <b>N. PROVIDENCE</b>	State <b>R.I.</b>	Zip <b>02904</b>	
Secretary Name <b>SUSAN IZZO</b>				Treasurer Name <b>BOCCO IZZO</b>			
Street Address <b>17 MARYANN DR.</b>				Street Address <b>17 MARYANN DR.</b>			
City <b>CRANSTON</b>	State <b>R.I.</b>	Zip <b>02921</b>		City <b>CRANSTON</b>	State <b>R.I.</b>	Zip <b>02921</b>	
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	
				<b>100</b>		<b>0</b>	

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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 **01205722**

**FILED**

**JAN 21 2016**

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]*  
 Signature of Authorized Representative

**1/21/16**  
 Date

**BOCCO IZZO**  
 Print or Type Name of Authorized Representative