



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. 46606		2. Exact name of the Corporation Rico Corporation			
3. Principal office address 800 Jefferson Blvd.		City Warwick		State RI	Zip 02886
4. Business Phone No. 401-732-0052		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island General construction business					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Robert A. D'Ambra			Vice-President Name Robert A. D'Ambra		
Street Address 800 Jefferson Blvd.			Street Address 800 Jefferson Blvd		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Cindy Ann D'Ambra			Treasurer Name Mary Ann D'Ambra		
Street Address 800 Jefferson Blvd.			Street Address 800 Jefferson Blvd.		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
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
			3	Class A Common	No Par
			100	Class B 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

FEB 26 2016

By **268774**

A.A.

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 A. D'Ambra

Signature of Authorized Representative

Date

2-18-16

Robert A. D'Ambra

Print or Type Name of Authorized Representative