

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

Filling Period: January 1 - March 1 - This report must be typed or printed legibly.

1. Entity ID No.	2. Exact nar	ne of the Corporation				
46606	i	Rico Corporation				
3. Principal office addres			City	State	Zip	
800 Jefferson Blvd.			Warwick	RI	02886	
4. Business Phone No. 401-732-0052			5. State of Incorporation Rhode Island			
•		conducted in Rhode Island	d			
General construc	tion business					
LIST ALL OFFICERS	(NAMES AND ADDR	ESSES) ("X" BOX FOR A	TTACHMENT)			
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 Bivd.			Street Address 800 Jefferson Bivd.			
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886	
LIST ALL DIRECTOR	S (NAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)	······································	a cm	
rirector Name			Director Name			
treet Address			Street Address			
City	State	Zip	City	State	OF STONE	
Director Name			Director Name			
treet Address			Street Address			
city	State	Zip	City	State	Zip	
B. SHARES AUTHORIZED			10. SHARES ISSUE	("X" BOX FOR ATTACHM	ENT)	
		045	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
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.			3	Class A Common	No Par	
			100	Class B Common	No Par	
This report must be exec		corporation by an authorized to executed on behalf of		corporation is in the hands of eceiver or trustee.	f a receiver or trustee,	
File Date	lle Date FILED		Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statement and that all statements contained herein are true and correct.			
Check No FFR 9 6 2016			Mar		2-18-16	
alog nou			Signature of Authorized Representative Date			
FOR SECRETARY OF	STATE USE ONLY	By (2) (1) (1)	Robert A. D'A			
		~ ~	Print or Type Name	of Authorized Representativ	e	

Revised: 01/2012