



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. 20397		2. Exact name of the Corporation V. RICCI & SONS, INC.			
3. Principal office address 2000 SCITUATE AVENUE			City HOPE	State RI	Zip 02831
4. Business Phone No. 401-822-2911			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name VITTORIO A. RICCI			Vice-President Name EVELINA RICCI		
Street Address 2000 SCITUATE AVENUE			Street Address 2000 SCITUATE AVENUE		
City HOPE	State RI	Zip 02831	City HOPE	State RI	Zip 02831
Secretary Name ANTHONY V. RICCI			Treasurer Name VITTORIO A. RICCI		
Street Address 100 METRO CENTER BLVD			Street Address 2000 SCITUATE AVENUE		
City WARWICK	State RI	Zip 02886	City HOPE	State RI	Zip 02831
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name NONE			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
			100	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

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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.

Anthony V. Ricci 3-26-2016
 Signature of Authorized Representative Date
ANTHONY V. RICCI
 Print or Type Name of Authorized Representative