

( Amended )



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIVISION  
2016 MAY - 9 AM 11:31

Profit Corporation Annual Report for the year: 2016

Filing period: January 1 - March 1

Filing Fee: ~~\$50.00~~ FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY PER DAY.

1. Entity ID Number <u>536190</u>		2. Exact name of the Corporation <u>L. Ricci &amp; Sons Inc</u>			
3. Principal Office Address <u>259 plainfield pike</u>			City <u>Scituate</u>	State <u>RI</u>	Zip <u>02857</u>
4. Business Phone Number <u>401-450-5597</u>			5. State of Incorporation <u>RI</u>		
6. Brief description of the character of business conducted in Rhode Island <u>TRUCKING</u>					
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment					
President Name <u>Lawrence M Ricci</u>			Vice-President Name <u>Lawrence A Ricci</u>		
Street Address <u>259 plainfield pike</u>			Street Address <u>259 plainfield pike</u>		
City <u>Scituate</u>	State <u>RI</u>	Zip <u>02857</u>	City <u>Scituate</u>	State <u>RI</u>	Zip <u>02857</u>
Secretary Name <u>none</u>			Treasurer Name <u>Nicholas M Ricci</u>		
Street Address			Street Address <u>259 plainfield pike</u>		
City	State	Zip	City <u>Scituate</u>	State <u>RI</u>	Zip <u>02857</u>
8. List ALL directors (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment					
Director Name <u>none</u>			Director Name <u>none</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued <input type="checkbox"/> Check box to indicate an attachment					
This information is currently of record in the Department of State. Changes require an additional filing.					
NUMBER OF SHARES <u>none</u>		CLASS/SERIES <u>none</u>		PAR VALUE <u>none</u>	
11. 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.					
<b>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.</b>					
Name of Authorized Representative <u>Lawrence M Ricci</u>				Date <u>4-28-16</u>	
Signature of Authorized Representative <u>Lawrence M Ricci</u>				SIGN DOCUMENT HERE	

FILED

11:31

MAY 09 2016

By [Signature]



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

