

(Amended)



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

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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 & 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	CLASS/SERIES
		<u>none</u>	<u>none</u>
		<u>none</u>	<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.			
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.			
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]