



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

Annual Report for the year: 2017

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2016 DEC 01 PM 12:44

1. Entity ID Number 130347		2. Exact name of the Corporation R. E. C. Construction			
3. Principal Office Address 22 LEAH STREET			City Johnston	State RI	Zip 02919
4. Business Phone Number 401-265-6180			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island Site Contractor					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name BOCCO IZZO			Vice-President Name PAUL LUDOVICI		
Street Address 17 MARYANN DRIVE			Street Address 30 THURBER STREET		
City CRANSTON	State RI	Zip 02914	City NORTH PROVIDENCE	State RI	Zip 02904
Secretary Name RYAN IZZO			Treasurer Name BOCCO IZZO		
Street Address 17 MARYANN DR.			Street Address 17 MARYANN DR.		
City CRANSTON	State RI	Zip 02914	City CRANSTON	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			PAR VALUE		
			100		0.00
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 BOCCO IZZO					Date 12/1/16
Signature of Authorized Representative <i>[Signature]</i>					
SIGN DOCUMENT HERE					

FILED

DEC 01 2016

BY 289805

A.A.

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov