



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.

1. Entity ID Number <b>20367</b>		2. Exact name of the Corporation <b>A. Ricci &amp; Sons, Inc.</b>			
3. Principal Office Address <b>990 Mineral Spring Avenue</b>		City <b>North Providence</b>		State <b>RI</b>	Zip <b>02904</b>
4. NAICS Code <b>23 - Construction</b>	6. Brief description of the character of business conducted in Rhode Island <b>Contracting</b>				
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Joseph Ricci</b>			Vice-President Name <b>Joseph Ricci</b>		
Street Address <b>900 Mineral Spring Ave</b>			Street Address <b>900 Mineral Spring Ave</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>
Secretary Name <b>Joseph Ricci</b>			Treasurer Name <b>Joseph Ricci</b>		
Street Address <b>900 Mineral Spring Ave</b>			Street Address <b>900 Mineral Spring Ave</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>NONE</b>			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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
<b>200</b>		<b>Voting Common</b>		<b>No Par Value</b>	
Changes require an additional filing.					
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 <b>Joseph Ricci, President</b>					Date <b>1/18/17</b>
Signature of Authorized Representative 					

FILED

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

JAN 25 2017

By 23313

KLM

FORM 630 - Revised: 10/2016