



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 2017

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. 1038 | | 2. Exact name of the Corporation Andreozzi Associates, Inc. | | | |
| 3. Principal office address 60 Bay Spring Avenue | | City Barrington | State RI | Zip 02806 | |
| 4. Business Phone No. 401-245-6300 | | 5. State of Incorporation Rhode Island | | | |
| 6. Brief description of the character of business conducted in Rhode Island General contractors | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> | | | | | |
| President Name Robert S. Andreozzi | | | Vice-President Name Roberta S. Andreozzi | | |
| Street Address 60 Bay Spring Avenue, Unit B3 | | | Street Address 60 Bay Spring Avenue, Unit B3 | | |
| City Barrington | State RI | Zip 02806 | City Barrington | State RI | Zip 02806 |
| Secretary Name Robert S. Andreozzi | | | Treasurer Name Roberta S. Andreozzi | | |
| Street Address 60 Bay Spring Avenue, Unit B3 | | | Street Address 60 Bay Spring Avenue, Unit B3 | | |
| City Barrington | State RI | Zip 02806 | City Barrington | State RI | Zip 02806 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> | | | | | |
| Director Name Robert S. Andreozzi | | | Director Name Roberta S. Andreozzi | | |
| Street Address 60 Bay Spring Avenue, Unit B3 | | | Street Address 60 Bay Spring Avenue, Unit B3 | | |
| City Barrington | State RI | Zip 02806 | City Barrington | State RI | Zip 02806 |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED | | | | | |
| 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. | | | | | |
| 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> | | | | | |
| NUMBER OF SHARES | | CLASS/SERIES | | PAR VALUE | |
| 200 | | Common | | No Par | |

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

Form No. 630
Revised: 01/2012

FILED

JAN 25 2017

BY **2101082**

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.

Signature of Authorized Representative

Date

Print or Type Name of Authorized Representative
ROBERT S. ANDREOZZI