



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. <u>99123</u>		2. Exact name of the Corporation <u>ABCO ENTERPRISES INC.</u>			
3. Principal office address <u>41 SYLVIA AVENUE</u>		City <u>NORTH PROVIDENCE</u>	State <u>R.I.</u>	Zip <u>02911</u>	
4. Business Phone No. <u>401-353-3124</u> <u>401-569-1692</u>		5. State of Incorporation <u>RHODE ISLAND</u>			
6. Brief description of the character of business conducted in Rhode Island <u>SEWER, WATERSERVICES, UNDERGROUND UTILITIES, EXCAVATING, WATERLINES, BACKHOESERVICES, EQUIPMENT RENTALS, ETC.</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>Diane Spaziano</u>			Vice-President Name <u>Cosimo Spaziano</u>		
Street Address <u>41 Sylvia Avenue</u>			Street Address <u>41 Sylvia Avenue</u>		
City <u>No. Providence</u>	State <u>R.I.</u>	Zip <u>02911</u>	City <u>No. Providence</u>	State <u>R.I.</u>	Zip <u>02911</u>
Secretary Name <u>Diane Spaziano</u>			Treasurer Name <u>Dante Spaziano</u>		
Street Address <u>41 Sylvia Avenue</u>			Street Address <u>41 Sylvia Avenue</u>		
City <u>No. Prov.</u>	State <u>R.I.</u>	Zip <u>02911</u>	City <u>No. Prov.</u>	State <u>R.I.</u>	Zip <u>02911</u>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <u>NONE</u>			Director Name <u>NONE</u>		
Street Address <u>NONE</u>			Street Address <u>NONE</u>		
City <u>NONE</u>	State <u>NONE</u>	Zip <u>NONE</u>	City <u>NONE</u>	State <u>NONE</u>	Zip <u>NONE</u>
Director Name <u>NONE</u> <u>NONE</u> <u>NONE</u>			Director Name <u>NONE</u> <u>NONE</u> <u>NONE</u>		
Street Address <u>NONE</u> <u>NONE</u> <u>NONE</u>			Street Address <u>NONE</u> <u>NONE</u> <u>NONE</u>		
City <u>NONE</u>	State <u>NONE</u>	Zip <u>NONE</u>	City <u>NONE</u>	State <u>NONE</u>	Zip <u>NONE</u>
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<u>2000</u>	<u>COMMON</u>	<u>NO PAR VALUE</u>

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

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

Diane Spaziano President

Print or Type Name of Authorized Representative

BY 820

FILED

FEB 01 2017