



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 7257		2. Exact name of the Corporation G. DiCostanzo, Inc.	
3. Principal Office Address 11 Sharpe Drive		City Cranston	State RI
		Zip 02920	
4. NAICS Code 48-49 - Transportation and War	6. Brief description of the character of business conducted in Rhode Island Bus chartering		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Thomas V. McCaughey		Vice-President Name Thomas V. McCaughey	
Street Address 11 Sharpe Drive		Street Address 11 Sharpe Drive	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
Secretary Name Thomas V. McCaughey		Treasurer Name Thomas V. McCaughey	
Street Address 11 Sharpe Drive		Street Address 11 Sharpe Drive	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Thomas V. McCaughey		Director Name	
Street Address 11 Sharpe Drive		Street Address	
City Cranston	State RI	City	State
Zip 02920		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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
		100	common
		no par	
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 Thomas V. McCaughey		Date 1/22/17	
Signature of Authorized Representative <i>[Signature]</i>		SIGN DOCUMENT HERE 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

FEB 28 2017

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FORM 630 - Revised: 10/2016