



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.

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BUS SVCS DIV

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1. Entity ID Number 46606		2. Exact name of the Corporation Rico Corporation			
3. Principal Office Address 81 80 Centre of New England Blvd.		City Coventry		State RI	Zip 02816
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island General construction business			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert A. D'Ambra			Vice-President Name Robert A. D'Ambra		
Street / 80 Centre of New England Blvd.			Street Address 80 Centre of New England Blvd.		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Cindy Ann D'Ambra			Treasurer Name Mary Ann D'Ambra		
Street Address 80 Centre of New England Blvd.			Street Address 80 Centre of New England Blvd.		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
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
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 Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			3 Class A Common No Par		
			100 Class B 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 Robert A. D'Ambra				Date 3/9/17	
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

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FORM 630 - Revised: 10/2016