



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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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2017 MAR 31 PM 3:01

1. Entity ID Number <b>149191</b>		2. Exact name of the Corporation <b>DiRocco &amp; Sons Inc.</b>												
3. Principal Office Address <b>31 Lennon St.</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>									
4. NAICS Code <b>23</b>		6. Brief description of the character of business conducted in Rhode Island <b>Lawn Maintenance</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>Edward DiRocco Sr.</b>			Vice-President Name <b>Edward DiRocco Sr.</b>											
Street Address <b>31 Lennon St.</b>			Street Address <b>31 Lennon St.</b>											
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>									
Secretary Name <b>Maureen DiRocco</b>			Treasurer Name <b>Edward DiRocco Sr.</b>											
Street Address <b>31 Lennon St.</b>			Street Address <b>31 Lennon St.</b>											
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</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>N/A</b>			Director Name <b>N/A</b>											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name <b>N/A</b>			Director Name <b>N/A</b>											
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.  Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>100</b></td> <td><b>common</b></td> <td><b>no par</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>100</b>	<b>common</b>	<b>no par</b>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
		<b>100</b>	<b>common</b>	<b>no par</b>										
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>Edward DiRocco Sr.</b>					Date <b>03/31/17</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

MAR 31 2017  
 By 299 944  
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