



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2018**  
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2017 NOV 29 AM 11:50

1. Entity ID Number <b>000509899</b>		2. Exact name of the Corporation <b>Tocci Building Corporation</b>												
3. Principal Office Address <b>660 Main Street</b>			City <b>Woburn</b>	State <b>MA</b>	Zip <b>01801</b>									
4. NAICS Code <b>236220</b>		6. Brief description of the character of business conducted in Rhode Island <b>Construction Management</b>												
5. State of Incorporation <b>MA</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>John Tocci Sr</b>			Vice-President Name <b>Anthony Sandonato</b>											
Street Address <b>4 Solomon Pierce Road</b>			Street Address <b>7 Wood Island Road</b>											
City <b>Lexington</b>	State <b>MA</b>	Zip <b>02420</b>	City <b>N. Scituate</b>	State <b>MA</b>	Zip <b>02066</b>									
Secretary Name <b>None</b>			Treasurer Name <b>John Tocci Sr</b>											
Street Address			Street Address <b>4 Solomon Pierce Road</b>											
City	State	Zip	City <b>Lexington</b>	State <b>MA</b>	Zip <b>02420</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>None</b>			Director Name <b>None</b>											
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														
10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>15000</b></td> <td><b>Common</b></td> <td><b>No Par Value</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>						NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>15000</b>	<b>Common</b>	<b>No Par Value</b>			
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<b>15000</b>	<b>Common</b>	<b>No Par Value</b>												
This information is currently of record in the Department of State. Changes require an additional filing.														
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 <b>Anthony Sandonato</b>				Date <b>11/27/2017</b>										
Signature of Authorized Representative 				SIGN DOCUMENT HERE										

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**FILED**  
NOV 29 2017  
BY **318593**  
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