



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 2018

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. 75865		2. Exact name of the Corporation John Rocchio Corporation			
3. Principal office address 20 Lark Industrial Parkway			City Smithfield	State RI	Zip 02828
4. Business Phone No. (401) 949-5565			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Utility Install: Sewer, Water & Storm and Bridge Repairs and/or Replacement (221320)					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name John A. Rocchio, Jr.			Vice-President Name Diane M. Rocchio		
Street Address 20 Lark Industrial Parkway			Street Address 20 Lark Industrial Parkway		
City Smithfield	State RI	Zip 02828	City Smithfield	State RI	Zip 02828
Secretary Name Kathy A. James			Treasurer Name John A. Rocchio, Jr.		
Street Address 20 Lark Industrial Parkway			Street Address 20 Lark Industrial Parkway		
City Smithfield	State RI	Zip 02828	City Smithfield	State RI	Zip 02828
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name John A. Rocchio, Jr.			Director Name Diane M. Rocchio		
Street Address 20 Lark Industrial Parkway			Street Address 20 Lark Industrial Parkway		
City Smithfield	State RI	Zip 02828	City Smithfield	State RI	Zip 02828
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			200	Common	No Par Value

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: _____

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.

Kathy A. James, Secretary 12/29/17
 Signature of Authorized Representative Date

FILED

Kathy A. James, Secretary

FOR SECRETARY OF STATE USE ONLY

Print or Type Name of Authorized Representative

JAN 02 2018

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