



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

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.

1. Entity ID Number 92782		2. Exact name of the Corporation PEZCO, INC.			
3. Principal Office Address 28 Mason Street			City North Kingstown	State RI	Zip 02852
4. NAICS Code 53-Real Estate and Rental		6. Brief description of the character of business conducted in Rhode Island owning and managing real estate			
5. State of Incorporation RI		531390			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John A. Pezza			Vice-President Name same		
Street Address 28 Mason Street			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name same			Treasurer Name same		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John A. Pezza			Director Name		
Street Address 28 Mason Street			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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	PAR VALUE
		none			
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 JOHN A. PEZZA				Date 1-16-18	
Signature of Authorized Representative 			SIGN DOCUMENT HERE		

FILED