



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

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

STAMP

- 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 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	PAY 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					