



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

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SECRETARY OF STATE
CORPORATIONS DIV

Annual Report for the year: 2018
Corporation

2018 JAN 19 AM 11:04

- 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 <u>1661370</u>		2. Exact name of the Corporation <u>ZAMBARANO HOME IMPROVEMENT INC</u>	
3. Principal Office Address <u>148 BARRET AVE.</u>		City <u>NORTH PROV</u>	State <u>RI</u>
		Zip <u>02904</u>	
4. NAICS Code <u>238290</u>	6. Brief description of the character of business conducted in Rhode Island <u>CONSTRUCTION</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>JOSEPH ZAMBARANO</u>		Vice-President Name <u>JOSEPH ZAMBARANO</u>	
Street Address <u>346 Fruit Hill Ave</u>		Street Address <u>346 Fruit Hill Ave</u>	
City <u>NORTH PROV</u>	State <u>RI</u>	Zip <u>02911</u>	City <u>NORTH PROV</u>
			State <u>RI</u>
			Zip <u>02911</u>
Secretary Name		Treasurer Name	
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		Director Name	
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 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	
		<u>6.00</u>	
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. <u>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.</u>			
Name of Authorized Representative <u>Joseph Zambano</u>		Date <u>2-19-17</u>	
Signature of Authorized Representative <u>[Signature]</u>		BY <u>LE 322126</u>	

MAIL TO:
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