



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.

FILED

FEB 01 2018

BY

529

1. Entity ID Number 001335940		2. Exact name of the Corporation DiCenzo, Inc.			
3. Principal Office Address 65 Cumberland Street			City Providence	State RI	Zip 02908
4. NAICS Code 236117		6. Brief description of the character of business conducted in Rhode Island Excavation contractor and any other lawful purpose			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Rudolph A. DiCenzo, III			Vice-President Name Rudolph A. DiCenzo, Jr.		
Street Address 65 Cumberland Street			Street Address 65 Cumberland Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Secretary Name Rudolph A. DiCenzo, III			Treasurer Name Rudolph A. DiCenzo, Jr.		
Street Address 65 Cumberland Street			Street Address 65 Cumberland Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Rudolph A. DiCenzo, Jr.			Director Name Rudolph A. DiCenzo, III		
Street Address Same as above			Street Address Same as above		
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		
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 Rudolph A. DiCenzo, III					Date 1/10/18
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					