Annual Report for the Corporation	year:	3					
 → Filing period: January 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.0 		ot filed by April 1.					
1. Entity ID Number	2. Exact nan	2. Exact name of the Corporation					
42801	PEZZUC	O CONTRUCTION	I, INC.				
3. Principal Office Address			City	a a la a	State	Zφ	
28 Kenwood Street, Suite 2			Cranston		RI	02907	
4. NAICS Code 23 (a) 11 (b) 5. State of Incorporation	l l	cription of the characte		conducted in Rhod	le Island		
RI .							
7. List ALL officers (names and	addresses)		Indea Decision		ck the box to indic	cate an attachment [
President Name RICHARD PEZZUCO			Vice-President Name RONALD PEZZUCO				
treet Address 28 Kenwood Street			Street Address 28 Kenwood Street				
City Cranston	State RI	^{Zip} 02907	City Cransto	n	State RI	^{Žìp} 02907	
ecretary Name RICHARD PEZZUCO			Treasurer Name RONALD PEZZUCO				
Street Address 28 Kenwood Street			Street Addre	vood Street			
City	State RI	^{2ip} 02907	City Cranston		State RI	Zip 02907	
Cranston 8. List ALL directors (names an			1 Crans			cate an attachment	
Director Name RICHARD PEZZUCO		·	Director Nar RONALI	PEZZUCO	 -		
Street Address 28 Kenwood Street			Street Address 28 Kenwood Street				
City Cranston	State	Zip 02007	City Cranston		State RI	Zip 02907	
Cranston RI 02907 Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
		10. Shares Issue				the box to indicate an attachment	
This information is currently of record in the Department of State.		NUMBER OF S	1,000	COMMON	ERRES	PAR VALUE	
Changes require an additional fil	ling.			Commercia		NO PAR	
11. This report must be execute	ed on behalf of the	e corporation by an au	thorized repr	esentative. If the co	proporation is in the	hands of a receiver	
trustee, this report must be exe Under penalty of perjury, I de	ecuted on behalf of eclare and affirm	of the corporation by the that I have examined	e receiver or d this report	trustee.			
statements, and that all state Name of Authorized Represent	d herein <u>are true and</u> C. 👌	correct.	<u>-</u> .	Date 2	1/8		
h					1		
Signature of Authorized Repres	sentative	sign boot	១ភាគ្នាបាន អ	ERE	ŧ	V ****	

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FEB 2 0 2018 P

FORM 630 - Revised: 10/2016