



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.

1. Entity ID Number 42801		2. Exact name of the Corporation PEZZUCO CONSTRUCTION, INC.			
3. Principal Office Address 28 Kenwood Street, Suite 2		City Cranston		State RI	Zip 02907
4. NAICS Code 23 6115		6. Brief description of the character of business conducted in Rhode Island GENERAL CONTRACTOR			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name RICHARD PEZZUCO			Vice-President Name RONALD PEZZUCO		
Street Address 28 Kenwood Street			Street Address 28 Kenwood Street		
City Cranston		State RI	Zip 02907	City Cranston	
State RI		Zip 02907		State RI	Zip 02907
Secretary Name RICHARD PEZZUCO			Treasurer Name RONALD PEZZUCO		
Street Address 28 Kenwood Street			Street Address 28 Kenwood Street		
City Cranston		State RI	Zip 02907	City Cranston	
State RI		Zip 02907		State RI	Zip 02907
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name RICHARD PEZZUCO			Director Name RONALD PEZZUCO		
Street Address 28 Kenwood Street			Street Address 28 Kenwood Street		
City Cranston		State RI	Zip 02907	City Cranston	
State RI		Zip 02907		State RI	Zip 02907
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip		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.			10. Shares Issued	Check the box to indicate an attachment <input type="checkbox"/>	
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,000	COMMON	NO PAR
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. <i>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.</i>					
Name of Authorized Representative <i>Ronald R. Pezzuco</i>				Date <i>2/9/18</i>	
Signature of Authorized Representative <i>Ronald R. Pezzuco</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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