RI SOS	Filing Number: 201859065710	Date: 2/23/2018 4:00:00 PM							
ite of Rhode Island and Providence Plantations									
epartment of State - Business Services Division									

Annual Report for the Corporation	_			<b>STAMP</b>					
<ul> <li>→ Filing period: January</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25</li> </ul>		ot filed by April 1.			_	RECEIV RECEIV RECEARY RECEIV REB 23			
1. Entity ID Number <b>46606</b>		2. Exact name of the Corporation  Rico Corporation							
Principal Office Address     Rev England	City Coventry		State RI	02816					
4. NAICS Code	6. Brief desci	iption of the charac	cter of business co	onducted in Rhode Is	land	- <u></u>			
237310	General cor	nstruction busine	business						
5. State of Incorporation Rhode Island		1							
7. List ALL officers (names ar	nd addresses)				he box to i	indicate an attachment C			
President Name Robert A. D'A	Vice-President	Vice-President Name Robert A. D'Ambra							
Street Address 80 Centre of New England Blvd.			Street Address	Street Address 80 Centre of New England Blvd.					
City Coventry	State RI	<sup>Zıp</sup> 02816	City Coventry		State RI	<sup>Zip</sup> 02816			
Secretary Name Cindy Ann D'Ambra			Treasurer Name Mary Ann D'Ambra						
Street Address 80 Centre of New England Blvd.			Street Address 80 Centre of New England Blvd.						
City Coventry	State RI	Z <sub>IP</sub> 02816	City Coventry		State RI	<sup>Zip</sup> 02816			
8. List ALL directors (names a	and addresses)			Check t	he box to	indicate an attachment [			
Director Name	Director Name	Director Name							
Street Address			Street Address			ı			
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 Iss									
Department of State			OF SHARLS CLASS/SERIES						
·		3	3		Class A Common !				
Changes require an additional	100		Class B Comm						
11. This report must be executaristic, this report must be ex					ation is in	the hands of a receiver o			
trustee, this report must be e. Under penalty of perjury, I de					panving s	schedules and			
statements, and that all sta									
Name of Authorized Represe			Date	1.1					
Robert A. D'Ambra			P11		1 71	16/18/			

Signature of Authorized Representative

sign document Here

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov BY 3839