



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.

STAMP

FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 38065		2. Exact name of the Corporation Giorgio S. Gencarelli & Sons, Inc.			
3. Principal Office Address 34 Hubbard Street			City Westerly	State RI	Zip 02891
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island Masonry Contractor			
5. State of Incorporation Rhode Island		List the type of business the corporation is engaged in Rhode Island.			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Giorgio S. Gencarelli			Vice-President Name Maria Gencarelli		
Street Address 34 Hubbard Street			Street Address 34 Hubbard Street		
City Westerly	State	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Maria Gencarelli			Treasurer Name Giorgio S. Gencarelli		
Street Address 34 Hubbard Street			Street Address 34 Hubbard Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
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
			400	none	no 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 GIORGIO S. GENCARELLI				Date 1/19/18	
Signature of Authorized Representative <i>Giorgio S. Gencarelli</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

FILED

FEB 26 2018

BY

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FORM 630 - Revised: 10/2017