



RI SOS Filing Number: 201860804360 Date: 3/22/2018 4:00:00 PM
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

MAR 22 2018

BY

10925

1. Entity ID Number 523728		2. Exact name of the Corporation D MAZZA CONSTRUCTION COMPANY, LTD			
3. Principal Office Address 77 ARMISTICE BLVD		City PAWTUCKET		State RI	Zip 02860
4. NAICS Code 236118	6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION AND REMODELING OF RESIDENTIAL AND COMMERCIAL STRUCTURES				
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 DOMINIC MAZZA			Vice-President Name		
Street Address 77 ARMISTICE BLVD			Street Address		
City PAWTUCKET	State RI	Zip 02860	City	State	Zip
Secretary Name DOMINIC MAZZA			Treasurer Name DOMINIC MAZZA		
Street Address 77 ARMISTICE BLVD			Street Address 77 ARMISTICE BLVD		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DOMINIC MAZZA			Director Name		
Street Address 77 ARMISTICE BLVD			Street Address		
City PAWTUCKET	State RI	Zip 02860	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	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			
		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		10	COMMON	NONE	
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 DOMINIC MAZZA				Date	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov