RI SOS Filing Number: 201863607300 Date: 5/4/2018 11:31:00 AM

State of Rhode Island and Providence Plantations

# Department of State - Business Services Division

## Annual Report for the year: 2015

## Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

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| 1. Entity ID Number | 2. Exact name of the Corporation | | | |
|---|---|---|---|---|
| 000311856 | Jodice & Sons Inc | | | |
| 3. Principal Office Address | | City | State | Zip |
| P.O. Box 1036 | | Mansfield | Ma | 02048 |
| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island | | | |
| 236118 | **Building/Remodeling Contractor** | | | |
| 5. State of Incorporation | | | | |
| Ma | | | | |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| President Name **Paul A Jodice** | | | Vice-President Name | | |
| Street Address **39 Bella Vista Ave** | | | Street Address | | |
| City **Mansfield** | State **Ma** | Zip **02048** | City | State | Zip |
| Secretary Name | | | Treasurer Name **Anthony Jodice** | | |
| Street Address | | | Street Address **518 Gilbert St** | | |
| City | State | Zip | City **Mansfield** | State **Ma** | Zip **02048** |

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| Director Name Paul Jodice | | | Director Name **Anthony Jodice** | | |
| Street Address 39 Bella Vista Ave | | | Street Address **518 Gilbert St** | | |
| City Mansfield | State ma | Zip 02048 | City **Mansfield** | State **Ma** | Zip **02048** |
| 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 ☐ | | |
|---|---|---|---|
| **This information is currently of record in the Department of State.** | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| **Changes require an additional filing.** | **200** | | **0.00** |
| | | | |

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 | Date |
|---|---|
| **Paul A. Jodice** | **05/01/2018** |

Signature of Authorized Representative: Paul Jodice SIGN DOCUMENT HERE

**FILED**

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BY 11:31

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

FORM 630 - Revised: 10/2017