

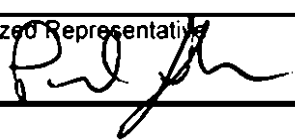


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2015
Corporation

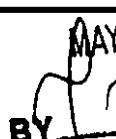
- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
SECRETARY OF STATE
CORPORATIONS
2018 MAY 14 AM 11:24
02048

1. Entity ID Number 000311856		2. Exact name of the Corporation Jodice & Sons Inc			
3. Principal Office Address P.O. Box 1036		City Mansfield		State Ma	
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island 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	
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 Check the box to indicate an attachment ☐					
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 ☐
			NUMBER OF SHARES		
			CLASS/SERIES		
			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 Paul A. Jodice				Date 05/01/2018	
Signature of Authorized Representative  SIGN DOCUMENT HERE					

FILED

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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FORM 630 - Revised: 10/2017