RI SOS Fi	Date: 5/4/2018 11:28:00 AM						
Department of	State - Busine	ess Services [Division			σ	
Annual Report for the Corporation	_		2010	CORPER P			
→ Filing period: January 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.0		ot filed by April 1.			5	RECEIVE RECEIVE CORPORATIO	
1, Entity ID Number	2. Exact name	e of the Corporation	<u> </u>			3 (0.07	
000311856	Jodice &	Sons Inc				芸器	
3. Principal Office Address P.O. Box 1036			City Mansfield		State Ma	2ip 02048	
4. NAICS Code	6. Brief descr	iption of the charact	ter of business condu	cted in Rhode Isl	and	···	
236118	Building/Re	modeling Contrac	tor				
5. State of Incorporation Ma							
7. List ALL officers (names and	Non Desident Non		ne box to ir	ndicate an attachment			
President Name Paul A Jodice			Vice-President Name				
Street Address 39 Bella Vista Ave			Street Address				
Dity 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	<u> </u>	State Ma	^{Zip} 02048	
8. List ALL directors (names ar	nd addresses)			Check th	l ne box to ii	ndicate an attachment	i 🗆
Director Name Paul Jodice			Director Name Anth	ony Jodice			
Street Address 39 Bella Vista Av	ve		Street Address 518	Gilbert St			
City Mansfield	State ma	^{Z₁p} 02048	City Mansfield		State Ma	Zip 02048	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized This information is currently of record in the		10. Shares Iss			ne box to it	ndicate an attachment	
Department of State.		200			0.00		
Changes require an additional filing.							
11. This report must be execut trustee, this report must be exe	ecuted on behalf of	the corporation by	the receiver or trustee	<u>).</u>			r or
Under penalty of perjury, I de statements, and that all state				ning any accomp	panying s	cnedules and	
Name of Authorized Represent				-11 E	Date 05/01/20		
Paul A. Jodice				FILE	05/01/20)18	
Signature of Authorized Repre	sentative	V SIGNO	nume in lue pe	av/n	A 2018	٨	

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