



RI SOS Filing Number: 201863607940 Date: 5/4/2018 11:27:00 AM

State of Rhode Island and Providence Plantations

**Department of State - Business Services Division**

**Annual Report for the year:** 2011  
**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  
 CORPORATION DIVISION  
 2018 MAY 4 AM 11:25

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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		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. <i>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.</i>					
Name of Authorized Representative Paul A. Jodice				Date 05/04/2018	
Signature of Authorized Representative 				SIGN DOCUMENT HERE 	

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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