



Department of State - Business Services Division

Annual Report for the year: 2009
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 DIV
 2018 MAY -4 AM 11:24

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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		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.					
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			FILED 05/01/2018 MAY 4 2018 BY [Signature] 11:25		
Signature of Authorized Representative <i>Paul Jodice</i> President					
			SIGN DOCUMENT HERE		