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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1

Tenaity: Additional \$25 Tenaity ID Number		e of the Corporation	on				
000311856		Sons Inc		SEC COI 2018 P			
3. Principal Office Address	Office Address			Stat	State Zipin		
P.O. Box 1036			Mansfield	Ma		020 #6 (F) A 70 (C)	
4. NAICS Code	6. Brief descr	ription of the chara	cter of business cond	ducted in Rhode Island	•	교ベ다	
236118	Building/Re	Building/Remodeling Contractor					
5. State of Incorporation		_			•••	17.5 17.5 10.5 10.5 10.5 10.5 10.5 10.5 10.5 10	
Ма	i				24	NAE NAE	
7. List ALL officers (names an	d addresses)			Check the box	to indicate	an attachment	
President Name Paul A Jodice			Vice-President Name				
Street Address 39 Bella Vista		Street Address					
City Mansfield	State Ma	Zip 02048	City	State	-	Žip	
Secretary Name		. 1	Treasurer Name Anthony Jodice				
Street Address			Street Address 518 Gilbert St				
City	State	Zip	City Mansfield		Ma.	^{Zip} 02048	
8. List ALL directors (names a	nd addresses)	 _		Check the box	k to indicate	an attachment	
Director Name Paul Jodice			Director Name Ant	thony 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 Iss	 sued	Check the box	to indicate	 an attachment □	
This information is currently of record in the			NUMBER OF SHARES		CLASS/SERIES PAR VALUE		
Department of State.		200			0.00		
Changes require an additional filing.							
11. This report must be execut	ed on behalf of the	corporation by an	authorized representa	ative. If the corporation is	s in the hand	ds of a receiver or	
trustee, this report must be ex- Under penalty of perjury, I do statements, and that all state	eclare and affirm t	hat I have examin	ed this report, inclu	e. Iding any accompanyir	ng schedule	es and	
Name of Authorized Represen		nerem are uue ar	id correct.	- 10 ST	0	· -	
Paul A. Jodice					1/2018	,	
Signature of Authorized Repre	sentative Q	esishish do	CUMENT HERE	MAY 14	2018	14	
MAIL TO: Division of Business Services	Uhada Ialaad 02004 20			BY	11	·)	

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