



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018 - Amended

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 10 PM 1:28

1. Entity ID Number <u>130347</u>		2. Exact name of the Corporation <u>R.E.C. CONSTRUCTION</u>										
3. Principal Office Address <u>22 LEAH STREET</u>		City <u>JOHNSTON</u>	State <u>R.I.</u>									
4. NAICS Code <u>238990</u>		6. Brief description of the character of business conducted in Rhode Island <u>SITE CONTRACTOR</u>										
5. State of Incorporation <u>R.I.</u>												
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
President Name <u>BOCCU IZZO</u>		Vice-President Name <u>RYAN IZZO</u>										
Street Address <u>17 MARYANN DR.</u>		Street Address <u>17 MARYANN DR.</u>										
City <u>CRANSTON</u>	State <u>R.I.</u>	City <u>CRANSTON</u>	State <u>R.I.</u>									
Zip <u>02921</u>		Zip <u>02921</u>										
Secretary Name <u>DAVID IZZO</u>		Treasurer Name <u>BOCCU IZZO</u>										
Street Address <u>41 SWEET HILL DR.</u>		Street Address <u>17 MARYANN DR.</u>										
City <u>JOHNSTON</u>	State <u>R.I.</u>	City <u>CRANSTON</u>	State <u>R.I.</u>									
Zip <u>02919</u>		Zip <u>02921</u>										
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		Zip										
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><u>100</u></td> <td></td> <td><u>0</u></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<u>100</u>		<u>0</u>			
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<u>100</u>		<u>0</u>										
Changes require an additional filing.												
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 <u>BOCCU IZZO</u>		Date <u>5/10/18</u>										
Signature of Authorized Representative 		FILED MAY 10 2018 BY <u>KL 1:28</u>										



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

May 10, 2018 01:28 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

