



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>	Zip <u>02919</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>BUCCO 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>	Zip <u>02921</u>	City <u>CRANSTON</u>	State <u>R.I.</u>	Zip <u>02921</u>
Secretary Name <u>DAVID IZZO</u>			Treasurer Name <u>BUCCO 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>	Zip <u>02919</u>	City <u>CRANSTON</u>	State <u>R.I.</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	Zip	City	State	Zip
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		
			CLASS/SERIES		
			PAR VALUE		
			<u>100</u>		
			<u>0</u>		
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>BUCCO IZZO</u>					Date <u>5/10/18</u>
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

MAY 10 2018

BY KL 1:28