State of Rhode Island and Department of Sta	d Providence Plant	ations	RE NULSECRETI	CEIVED ARY OF STATE		SECRETAL CORPORATION
Department of Sta Annual Report for the ye	are - Busines: ar: 2018	s Services D				ARCIN SERVICE
Corporation → Filing period: January 1 - № → Filing Fee: \$50.00 → Penalty: Additional \$25.00 f	March 1	ed by April 1.	_	-5 PM 1:19		STATE S DIV
1. Entity ID Number 000585938	2. Exact name of the Corporation AZ Contracting, Inc.					
Principal Office Address 126 Fountain Avenue	<u> </u>		City Cranston		State RI	Zip 02920
4. NAICS Code 238300 5. State of Incorporation RI	6. Brief description Construction	on of the characte	er of business c	onducted in Rhode I	sland	
7. List ALL officers (names and ad	dresses)	<u></u>		Check	the box to indic	cate an attachment
President Name Alexander Zaitsev			Vice-President Name Alexander Zaitsev			
Street Address 126 Fountain Avenue			Street Address 126 Fountain Avenue			
City Cranston	State RI	^{Zip} 02920	City Cranston		State RI	^{Zip} 02920
Secretary Name Alexander Zaitsev			Treasurer Name Alexander Zaitsev			
Street Address 126 Fountain Aven	ue		Street Address	126 Fountain Aver		
City Cranston	State RI	^{Zip} 02920	City Cranston		State RI	^{Zip} 02920
8. List ALL directors (names and a	ddresses)		Director Name		the box to indi	cate an attachment [
Olrector Name Alexander Zaitsev			Onedio: volue			
Street Address 126 Fountain Avenue			Street Address			
City Cranston	State Ri	^{Zip} 02920	City		State	Zip
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City		State	Zip
Shares Authorized his information is currently of record in the		10. Shares Issu	Shares Issued Check NUMBER OF SHARES CLASS/SERIE		t the box to indicate an attachment PAR VALUE PAR VALUE	
Department of State. Changes require an additional filling. 11. This report must be executed on behalf of the con		6000.00		CNP 0.00		0.00
		moration by an a	uthorized socre	entative If the com-	oration is in the	hands of a receiver of
trustee, this report must be execu- Under penalty of perjury, I decid	ted on behalf of the are and affirm tha	corporation by t	the receiver or tr ad this report, it	ustee. ncluding any accor		
statements, and that all statements	ents contained he	rein are true and	d correct	D1~		
Name of Authorized Representation ALFXHNDRE	,	-V	JUN 0.5	2018	06 - 0	9-18
Signature of Authorized Represen			NATI II 4			

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