



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
 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 JUN 18 AM 9:14

1. Entity ID Number 000001035		2. Exact name of the Corporation ANDREOZZI CONST., INC.			
3. Principal Office Address 14 VINEYARD LN			City BARRINGTON	State RI	Zip 02806
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island BUILDING & REMODELING RESIDENTIAL AND LIGHT BUSINESS			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MARIO ANDREOZZI			Vice-President Name NONE		
Street Address 434 OLD PROVIDENCE RD			Street Address NONE		
City SWANSEA	State MA	Zip 02777	City NONE	State NONE	Zip NONE
Secretary Name NONE			Treasurer Name NONE		
Street Address NONE			Street Address NONE		
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address NONE			Street Address NONE		
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE
Director Name NONE			Director Name NONE		
Street Address NONE			Street Address NONE		
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE
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
		300.00		STK	\$0.0000
		NONE		NONE	NONE
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 MARIO ANDREOZZI				Date 06/07/2018	
Signature of Authorized Representative <i>Mario Andreozzi</i>		FILED SIGN DOCUMENT JUN 18 2018			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.n.gov

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