



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

Annual Report for the year: 2017  
 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 <b>000001035</b>		2. Exact name of the Corporation <b>ANDREOZZI CONST., INC.</b>			
3. Principal Office Address <b>14 VINEYARD LN</b>			City <b>BARRINGTON</b>	State <b>RI</b>	Zip <b>02806</b>
4. NAICS Code <b>236118</b>		6. Brief description of the character of business conducted in Rhode Island <b>BUILDING &amp; REMODELING RESIDENTIAL AND LIGHT BUSINESS</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>MARIO ANDREOZZI</b>			Vice-President Name <b>NONE</b>		
Street Address <b>434 OLD PROVIDENCE RD</b>			Street Address <b>NONE</b>		
City <b>SWANSEA</b>	State <b>MA</b>	Zip <b>02777</b>	City <b>NONE</b>	State <b>NONE</b>	Zip <b>NONE</b>
Secretary Name <b>NONE</b>			Treasurer Name <b>NONE</b>		
Street Address <b>NONE</b>			Street Address <b>NONE</b>		
City <b>NONE</b>	State <b>NONE</b>	Zip <b>NONE</b>	City <b>NONE</b>	State <b>NONE</b>	Zip <b>NONE</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address <b>NONE</b>			Street Address <b>NONE</b>		
City <b>NONE</b>	State <b>NONE</b>	Zip <b>NONE</b>	City <b>NONE</b>	State <b>NONE</b>	Zip <b>NONE</b>
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address <b>NONE</b>			Street Address <b>NONE</b>		
City <b>NONE</b>	State <b>NONE</b>	Zip <b>NONE</b>	City <b>NONE</b>	State <b>NONE</b>	Zip <b>NONE</b>
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			<b>300.00</b>		<b>\$0.0000</b>
			<b>NONE</b>		<b>NONE</b>
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. <i>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.</i>					
Name of Authorized Representative <b>MARIO ANDREOZZI</b>				Date <b>06/07/2018</b>	
Signature of Authorized Representative <i>Mario Andreozzi</i>				<b>FILED</b> SIGN DOCUMENT HERE <b>JUN 18 2018</b>	

**LL 332868**  
**9126**

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