



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

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 CORPORATIONS DIV  
 2018 JUN 18 AM 9:14

Annual Report for the year: 2016  
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

|  |                      |  |   |  |                     |
|--|----------------------|--|---|--|---------------------|
| 1. Entity ID Number<br><b>000001035</b>  |                      | 2. Exact name of the Corporation<br><b>ANDREOZZI CONST., INC.</b>  |   |  |                     |
| 3. Principal Office Address<br><b>14 VINEYARD LN</b>   |                      | City<br><b>BARRINGTON</b>  |   | State<br><b>RI</b>                                       | Zip<br><b>02806</b> |
| 4. NAICS Code<br><b>236118</b>   |                      | 6. Brief description of the character of business conducted in Rhode Island<br><b>BUILDING &amp; REMODELING RESIDENTIAL AND LIGHT BUSINESS</b> |   |  |                     |
| 5. State of Incorporation<br><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<br><b>MARIO ANDREOZZI</b>   |                      |  | Vice-President Name<br><b>NONE</b>  |  |                     |
| Street Address<br><b>434 OLD PROVIDENCE RD</b>   |                      |  | Street Address<br><b>NONE</b>   |  |                     |
| City<br><b>SWANSEA</b>   | State<br><b>MA</b>   | Zip<br><b>02777</b>  | City<br><b>NONE</b>   | State<br><b>NONE</b>                                     | Zip<br><b>NONE</b>  |
| Secretary Name<br><b>NONE</b>  |                      |  | Treasurer Name<br><b>NONE</b>   |  |                     |
| Street Address<br><b>NONE</b>  |                      |  | Street Address<br><b>NONE</b>   |  |                     |
| City<br><b>NONE</b>  | State<br><b>NONE</b> | Zip<br><b>NONE</b>   | City<br><b>NONE</b>   | State<br><b>NONE</b>                                     | Zip<br><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<br><b>NONE</b>   |                      |  | Director Name<br><b>NONE</b>  |  |                     |
| Street Address<br><b>NONE</b>  |                      |  | Street Address<br><b>NONE</b>   |  |                     |
| City<br><b>NONE</b>  | State<br><b>NONE</b> | Zip<br><b>NONE</b>   | City<br><b>NONE</b>   | State<br><b>NONE</b>                                     | Zip<br><b>NONE</b>  |
| Director Name<br><b>NONE</b>   |                      |  | Director Name<br><b>NONE</b>  |  |                     |
| Street Address<br><b>NONE</b>  |                      |  | Street Address<br><b>NONE</b>   |  |                     |
| City<br><b>NONE</b>  | State<br><b>NONE</b> | Zip<br><b>NONE</b>   | City<br><b>NONE</b>   | State<br><b>NONE</b>                                     | Zip<br><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.<br><br>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.<br><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<br><b>MARIO ANDREOZZI</b>  |                      |  |   | Date<br><b>06/07/2018</b>                                |                     |
| Signature of Authorized Representative<br><i>Mario Andreozzi</i>   |                      |  |   | <b>FILED</b><br>SIGN DOCUMENT HERE<br><b>JUN 18 2018</b> |                     |

**KL 337868**  
**9.25**