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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV

Annual Report for the year: 2013

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	2. Exact name of the Corporation		
000001035	ANDREOZZI CONST., INC.		
3. Principal Office Address	City	State	Zip
14 VINEYARD LN	BARRINGTON	RI	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 ☐

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 ☐

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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

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		Date
MARIO ANDREOZZI	FILED	06/07/2018

Signature of Authorized Representative: Mario Andreozzi — SIGN DOCUMENT HERE — JUN 18 2018

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

FORM 630 - Revised: 02/2017