



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

Annual Report for the year: 2010
 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 DIVISION
 2018 JUN 18 AM 9:14
 ZIP 02806

| | | | | | |
|--|-------------------|--|---------------------------------|---------------------------|---------------------|
| 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 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. <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 MARIO ANDREOZZI | | | | Date 06/07/2018 | |
| Signature of Authorized Representative <i>Mario Andreozzi</i> | | | | FILED | |
| | | | | SIGN DOCUMENT JUN 18 2018 | |

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