



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

Annual Report for the year: 2009  
 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 <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		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 <b>MARIO ANDREOZZI</b>				Date <b>06/07/2018</b>	
Signature of Authorized Representative <i>Mario Andreozzi</i>				<b>FILED</b> <b>JUN 18 2018</b>	
SIGN DOCUMENT HERE					

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

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