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

Annual Report for the year: 2018
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
75497	Rossi Electric Co., Inc.

3. Principal Office Address	City	State	Zip
65 Western Industrial Drive, Unit D	Cranston	RI	02921

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
488340	The provision of freight and transportation services.
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Vincent A. Rossi, III			Vice-President Name: JOHN P. CIACCIARELLI		
Street Address: 65 Western Industrial Drive, Unit D			Street Address: 65 WESTERN INDUSTRIAL DR.		
City: Cranston	State: RI	Zip: 02921	City: CRANSTON	State: RI	Zip: 02921
Secretary Name: JOHN P. CIACCIARELLI			Treasurer Name: PAMELA ROSSI		
Street Address: 65 Western Industrial Drive, Unit D			Street Address: 65 Western Industrial Drive, Unit D		
City: Cranston	State: RI	Zip: 02921	City: Cranston	State: RI	Zip: 02921

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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 of Stock	Par Value
600	Common	No Par Value

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
Vincent A. Rossi, III	7/11/18

Signature of Authorized Representative: 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

FORM 630 - Revised: 10/2017

FILED
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BY 14958