



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

Annual Report for the year:
Corporation

2018

- 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 DIV.
2018 OCT 17 AM 11:09

1. Entity ID Number 001662816		2. Exact name of the Corporation D'Andrea and Son Enterprise Inc.	
3. Principal Office Address 115 Rocky Hill RD.		City N. Scituate	State R.I.
4. NAICS Code 484110		5. Brief description of the character of business conducted in Rhode Island Trucking & Construction	
5. State of Incorporation R.I.			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Todd D'Andrea		Vice-President Name	
Street Address 115 Rocky Hill RD.		Street Address	
City N. Scituate	State R.I.	City N. Scituate	State R.I.
Zip 02857		Zip 02857	
Secretary Name Lauren Maguire		Treasurer Name	
Street Address 115 Rocky Hill RD.		Street Address	
City N. Scituate	State R.I.	City N. Scituate	State R.I.
Zip 02857		Zip 02857	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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 <input type="checkbox"/>	
		NUMBER OF SHARES 0	PAR VALUE .01
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 Lauren Maguire		Date 10-17-2018	
Signature of Authorized Representative Lauren Maguire		OCT 17 2018	

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

FILED
OCT 17 2018
BY 87 JY P

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