



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

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 SECRETARY OF STATE
 CORPORATIONS DIV.
 2018 OCT 17 AM 11:09

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 <u>001662814</u>	2. Exact name of the Corporation <u>D'Andrea and Son Enterprise Inc.</u>		
3. Principal Office Address <u>115 Rocky Hill RD.</u>		City <u>N. Scituate</u>	State <u>R.I.</u>
		Zip <u>02857</u>	
4. NAICS Code <u>484110</u>	5. Brief description of the character of business conducted in Rhode Island <u>trucking & construction</u>		
5. State of Incorporation <u>R.I.</u>			

7. List ALL officers (names and addresses)				Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Todd D'Andrea</u>				Vice-President Name			
Street Address <u>115 Rocky Hill RD.</u>				Street Address			
City <u>N. Scituate</u>		State <u>R.I.</u>		Zip <u>02857</u>			
Secretary Name <u>Lauren Maguire</u>				Treasurer Name			
Street Address <u>115 Rocky Hill RD.</u>				Street Address			
City <u>N. Scituate</u>		State <u>R.I.</u>		Zip <u>02857</u>			

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

9. Shares Authorized		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES	
Changes require an additional filing.		<u>0</u>		<u>.01</u>	

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 <u>Lauren Maguire</u>		FILED	Date <u>10-17-2018</u>
Signature of Authorized Representative <u>Lauren Maguire</u>		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

BY 87 JVP

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