



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

Annual Report for the year: 2017
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 DIV.
2018 OCT 17 AM 11:08

1. Entity ID Number <u>001662816</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>		
6. 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 Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State.		10. Shares Issued	
Changes require an additional filing.		NUMBER OF SHARES <u>0</u>	CLASS/SERIES <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>		Date <u>10-17-2018</u>	
Signature of Authorized Representative <u>Lauren Maguire</u>		FILED OCT 17 2018	

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