



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

**Annual Report for the year:** 2019  
**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 70864		2. Exact name of the Corporation IZZO & SONS, INC.			
3. Principal Office Address 22 Minnesota Avenue			City Warwick	State RI	Zip 02888
4. Business Phone Number 401-921-2304			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island To conduct electrical work, installation, repair and maintenance					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Joseph P. Izzo			Vice-President Name Joseph P. Izzo		
Street Address 22 Minnesota Avenue			Street Address 22 Minnesota Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name Joseph P. Izzo			Treasurer Name Joseph P. Izzo		
Street Address 22 Minnesota Avenue			Street Address 22 Minnesota Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name N/A			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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. 1000 common no par value Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			CLASS/SERIES		PAR VALUE
			200	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.					
<b>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.</b>					
Name of Authorized Representative Joseph P. Izzo, President				Date 1/3/19	
Signature of Authorized Representative  SIGN DOCUMENT HERE					

**FILED**

JAN 09 2019

23357

**MAIL TO:**  
 Division of Business Services  
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