



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.

FILED

MAR 06 2019

BY

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1. Entity ID Number 000118614		2. Exact name of the Corporation TUCKERINI CONSTRUCTION, INC.												
3. Principal Office Address 339 FRY POND ROAD			City WEST GREENWICH	State RI	Zip 02817									
4. NAICS Code 236200		6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION/RENOVATION												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>														
President Name ROSE MARIE CAZZANI			Vice-President Name TIMOTHY TUCKER											
Street Address 339 FRY POND ROAD			Street Address 339 FRY POND ROAD											
City WEST GREENWICH	State RI	Zip 02817	City WEST GREENWICH	State RI	Zip 02817									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>														
Director Name ROSE MARIE CAZZANI			Director Name											
Street Address 339 FRY POND ROAD			Street Address											
City WEST GREENWICH	State RI	Zip 02817	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	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. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>10</td> <td>COMMON</td> <td>NO PAR VALUE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	10	COMMON	NO PAR VALUE			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
		10	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 ROSE MARIE CAZZANI					Date 3/3/19									
Signature of Authorized Representative <i>Rose Marie Cazzani</i>														

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov