



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.

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2019 MAR 15 AM 10:56

1. Entity ID Number 46606		2. Exact name of the Corporation Rico Corporation				
3. Principal Office Address 80 Centre of New England Blvd			City Coventry	State RI	Zip 02816	
4. NAICS Code 237310		6. Brief description of the character of business conducted in Rhode Island General construction business				
5. State of Incorporation Rhode Island						
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>						
President Name Robert A. D'Ambra			Vice-President Name Robert A. D'Ambra			
Street Address 80 Centre of New England Blvd.			Street Address 80 Centre of New England Blvd.			
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816	
Secretary Name Cindy Ann D'Ambra			Treasurer Name Mary Ann D'Ambra			
Street Address 80 Centre of New England Blvd			Street Address 80 Centre of New England Blvd.			
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816	
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	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.			NUMBER OF SHARES		PAR VALUE	
			3		Class A Common	No Par
			100		Class B Common	No Par
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 Robert A. D'Ambra				Date 2/18/19		
Signature of Authorized Representative 				Date MAR 15 2019		
SIGN DOCUMENT FOR 						

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