RI SOS Filing Number: 201994045750 Date: 5/23/2019 9:43:00 AM

	=						
State of Rhode Island : Department of S			ivision			8102 333	
Property of the Property of th				AWH 6			
Annual Report for the y Corporation	-			N 703			
→ Filing period: January 1				ω .,			
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00	O fee if form is no	ot filed by April 1.					
Entity ID Number		e of the Corporation				£	
16074626	Km.7	<i>a</i> ,		C.		(11	
3. Principal Office Address			ictors In		State	Zip	
34 Boure				<i>011</i>	MA	02301	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island Con Struction						
5. State of Incorporation							
MA							
7. List ALL officers (names and	addresses)		No. 6		box to indi	cate an attachment 🔲	
President Name Alfred Pezzano			Vice-President Name				
Street Address 34 Bouve Ave			Street Address				
City,	IState	Zip 01701	City		State	Zip	
Secretary Name	m	02301	Treasurer Name		.		
			Street Address				
Street Address							
City	State	Zip	City		State	Zip	
8. List ALL directors (names an	d addresses)			Check the	box to ind	icate an attachment	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Director Name	rector Name			Director Name			
Street Address	Street Address						
Street Address					<u> </u>	Talo	
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Iss		Check the	e box to ind	icate an attachment PAR VALUE	
This information is currently of r Department of State.	ecora in vie	C	\				
Changes require an additional fi	ling.		} 				
11. This report must be execute	ed on behalf of the	e corporation by an a	authorized represent	ative. If the corpora	tion is in the	e hands of a receiver or	
In the second series he over	souted on behalf o	of the compretion by	the receiver or truste	:e .			
Under penelty 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. Date Date							
Name of Authorized Represent			56	12/19			
Signature of Authorized Repres	ZQNO sentative			<u></u>	P		
	N Ol	1.	FIL	EU			
MAIL/TO:	<u> </u>		MAY 2	3 2019			
			2117 11 20				

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov by KC JPOBS

FORM 630 - Revised: 10/2017