



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

FILED

Annual Report for the year: 2020
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

JAN 22 2020
 BY 29036 OS

1. Entity ID Number 1038		2. Exact name of the Corporation Andreozzi Associates, Inc.			
3. Principal Office Address 60 Bay Spring Avenue			City Barrington	State RI	Zip 02806
4. NAICS Code 115115		6. Brief description of the character of business conducted in Rhode Island General Contractors			
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 Mark J. Moura			Vice-President Name Benjamin J. Andreozzi		
Street Address 60 Bay Spring Avenue, Unit B3			Street Address 61 Primrose Hill Avenue		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name Benjamin J. Andreozzi			Treasurer Name Mark J. Moura		
Street Address 61 Primrose Hill Avenue			Street Address 60 Bay Spring Avenue, Unit B3		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Benjamin J. Andreozzi			Director Name Mark J. Moura		
Street Address 61 Primrose Hill Avenue			Street Address 60 Bay Spring Avenue, Unit B3		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	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 Mark J. Moura, President					Date 1-8-20
Signature of Authorized Representative <i>Mark J. Moura</i>					SIGN DOCUMENT HERE

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