



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

FILED

FEB 20 2020

BY 1030
[Signature]

Annual Report for the year:

Corporation 2020

- 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 99123		2. Exact name of the Corporation ABCO ENTERPRISES INC.			
3. Principal Office Address 41 SYLVIA AVENUE		City NORTH PROVIDENCE		State R.I.	Zip 02911
4. NAICS Code S29990		6. Brief description of the character of business conducted in Rhode Island SEWER, WATER SERVICES, UNDERGROUND UTILITIES, RENTAL EXCAVATING, WATERLINES, BACKHOE SERVICES, EQUIP RENTAL			
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 Diane Spaziano			Vice-President Name Cosimo Spaziano		
Street Address 41 Sylvia Avenue			Street Address 41 Sylvia Avenue		
City North Providence	State R.I.	Zip 02911	City North Providence	State R.I.	Zip 02911
Secretary Name Diane Spaziano			Treasurer Name Dante Spaziano		
Street Address 41 Sylvia Avenue			Street Address 41 Sylvia Avenue		
City North Providence	State R.I.	Zip 02911	City North Providence	State R.I.	Zip 02911
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address NONE			Street Address NONE		
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE
Director Name NONE			Director Name NONE		
Street Address NONE			Street Address NONE		
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE
9. Shares Authorized					
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		2000	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 Diane Spaziano				Date February 17, 2020	
Signature of Authorized Representative <i>Diane Spaziano</i>			SIGN DOCUMENT HERE		

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