State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

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
JAN 20 2021
BY 4150

1. Entity ID Number	2. Exact name of the Corporation
000092782	PEZCO INC.

3. Principal Office Address	City	State	Zip
28 Mason Street	North Kingstown	RI	02852

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
53-Real Estate 531110	owning and managing real estate
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
John A. Pezzaa Trustee or his successor as Trustee of The John A. Pezza Trust	same
Street Address: 28 Mason Street	Street Address
City: North Kingstown; State: RI; Zip: 02852	City; State; Zip
Secretary Name	**Treasurer Name**
same	same
Street Address	Street Address
City; State; Zip	City; State; Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
John A. Pezza Trustee or his successor as Trustee of John A. Pezza Trust	
Street Address: 28 Mason Street	Street Address
City: North Kingstown; State: RI; Zip: 02852	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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	none		0

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	Date
John A Pezza, Trustee	1/13/2021
Signature of Authorized Representative	

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

FORM 630 - Revised: 08/2020