RI SOS Filing Number: 202190125280 Date: 2/4/2021 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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FEB 04 2021

B: 6239 OS

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.

1. Entity ID Number	2. Exact name of the Corporation		
12743	SOSCIA ENTERPRISES, INC.		
3. Principal Office Address	City	State	Zip
22 Coventry Shoppers Park	Coventry	RI	02816
4. NAICS Code: 53 1110	6. Brief description of the character of business conducted in Rhode Island: Purchase, improve, develop, lease, exchange, sell, dispose and otherwise deal in real estate		
5. State of Incorporation: Rhode Island			

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

President Name: Bruce Soscia			Vice-President Name: Bruce Soscia and Bryan Soscia		
Street Address: 6 Silver Maple Drive			Street Address: 6 Silver Maple Drive and One Doric Court, respective		
City: Coventry	State: RI	Zip: 02816	City: Coventry	State: RI	Zip: 02816
Secretary Name: Bruce Soscia			Treasurer Name:		
Street Address: 6 Silver Maple Drive			Street Address:		
City: Coventry	State: RI	Zip: 02816	City:	State:	Zip:

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

Director Name: Bruce Soscia			Director Name:		
Street Address: 6 Silver Maple Drive			Street Address:		
City: Coventry	State: RI	Zip: 02816	City:	State:	Zip:
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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	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: **Bruce Soscia, President**

Date: 1-23-21

Signature of Authorized Representative

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

FORM 630 - Revised: 10/2017