



State of Rhode Island

Department of State Business Services Division

FILED

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.

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BY 1346
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1. Entity ID Number 99123		2. Exact name of the Corporation ABCO ENTERPRISES IMC.	
3. Principal Office Address 41 SYLVIA AVENUE		City NORTH PROVIDENCE	State R.I.
4. NAICS Code 5250		6. Brief description of the character of business conducted in Rhode Island SEWER, WATER SERVICES, UNDERGROUND UTILITIES, RENTAL EXCAVATING, WATERLINES, BACKHOE SERVICE, EQUIPT. RENTAL	
5. State of Incorporation R.I.			
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.	City North Providence	State R.I.
Zip 02911		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.	City North Providence	State R.I.
Zip 02911		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	City NONE	State NONE
Zip NONE		Zip NONE	
Director Name NONE		Director Name NONE	
Street Address NONE		Street Address NONE	
City NONE	State NONE	City NONE	State NONE
Zip NONE		Zip NONE	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. 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 20, 2021	
Signature of Authorized Representative <i>Diane Spaziano</i>		2/20/2021	

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