



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

Annual Report for the year: **2023**
Corporation

FEB 07 2023

BY 16746
KS

- 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 000022561		2. Exact name of the Corporation Ruggieri Bros. Inc.			
3. Principal Office Address 110 Comstock Parkway			City Cranston	State RI	Zip 02921
4. NAICS Code 238330	6. Brief description of the character of business conducted in Rhode Island Selling and installing linoleum, carpeting, tiles and flooring				
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 William Ruggieri			Vice-President Name David Ruggieri		
Street Address 110 Comstock Parkway			Street Address 110 Comstock Parkway		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name William Ruggieri			Treasurer Name David Ruggieri		
Street Address 110 Comstock Parkway			Street Address 110 Comstock Parkway		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name William Ruggieri			Director Name David Ruggieri		
Street Address 110 Comstock Parkway			Street Address 110 Comstock Parkway		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
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 <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
			125	Class A Common	No par value
			1,500	Class B 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 William Ruggieri, President					Date 1-19-23
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