



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP

RECEIVED FOR
SECRETARY OF STATE
R.I. DEPT. OF STATE
BUS SVCS DIV

2023 MAY 9 P 12:23

1. Entity ID Number 001737569		2. Exact name of the Corporation Iozzi Builders, Inc.			
3. Principal Office Address 115 Manning Street			City Warwick	State RI	Zip 02889
4. NAICS Code 238130		6. Brief description of the character of business conducted in Rhode Island provide framing contractor services, any ancillary purposes, and all other lawful purposes.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Steven F. Iozzi, Jr.			Vice-President Name		
Street Address 115 Manning Street			Street Address		
City Warwick	State RI	Zip 02889	City	State	Zip
Secretary Name Steven F. Iozzi, Jr.			Treasurer Name Steven F. Iozzi, Jr.		
Street Address 115 Manning Street			Street Address 115 Manning Street		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100 Common Shares with 0.01 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 Steven F. Iozzi, Jr.				Date 5/1/2023	
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

FILED

MAY 09 2023

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BY ML FORM 630 - Revised: 11/2021