



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:

2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

JAN 18 2024

143688

| | | | | | |
|--|-------------|--|---|------------------------|---------------------|
| 1. Entity ID Number 000020397 | | 2. Exact name of the Corporation V. Ricci & Sons, Inc. | | | |
| 3. Principal Office Address 2000 Scituate Avenue | | | City Hope | State RI | Zip 02831 |
| 4. NAICS Code 236118 | | 6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION TITLE: 7-1.1-51 | | | |
| 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 Anthony V. Ricci | | | Vice-President Name Vittorio A. Ricci | | |
| Street Address 100 Metro Center Blvd | | | Street Address 2000 Scituate Avenue | | |
| City Warwick | State RI | Zip 02886 | City Hope | State RI | Zip 02831 |
| Secretary Name Anthony V. Ricci | | | Treasurer Name Anthony V. Ricci | | |
| Street Address 100 Metro Center Blvd | | | Street Address 100 Metro Center Blvd | | |
| City Warwick | State RI | Zip 02886 | City Warwick | State RI | Zip 02886 |
| 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 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. | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| | | | NUMBER OF SHARES 100 | CLASS/SERIES Common | PAR VALUE 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 Anthony V. Ricci | | | | | Date 01/15/2024 |
| 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: 04/2023