



**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.

**FILED**

FEB 07 2024

1. Entity ID Number <b>001751163</b>		2. Exact name of the Corporation <b>ICC Commonwealth Corporation</b>	
3. Principal Office Address <b>795 Wurlitzer Drive</b>		City <b>North Tonawanda</b>	State <b>NY</b>
		Zip <b>14120</b>	
4. NAICS Code <b>238110</b>	6. Brief description of the character of business conducted in Rhode Island <b>design, construction, inspection, repairs, demolition of chimneys &amp; stacks for the power industry &amp; others; restoration &amp; relocation of historic structures</b>		
5. State of Incorporation <b>New York</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Guillermo Alvarez</b>		Vice-President Name <b>none</b>	
Street Address <b>795 Wurlitzer Drive</b>		Street Address	
City <b>North Tonawanda</b>	State <b>NY</b>	Zip <b>14120</b>	
Secretary Name <b>Thomas P. Sullivan</b>		Treasurer Name <b>Daniel Vila</b>	
Street Address <b>795 Wurlitzer Drive</b>		Street Address <b>795 Wurlitzer Drive</b>	
City <b>North Tonawanda</b>	State <b>NY</b>	Zip <b>14120</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Guillermo Alvarez</b>		Director Name <b>none</b>	
Street Address <b>795 Wurlitzer Drive</b>		Street Address	
City <b>North Tonawanda</b>	State <b>NY</b>	Zip <b>14120</b>	
Director Name <b>none</b>		Director Name <b>none</b>	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <b>200</b>	CLASS/SERIES <b>CNP</b>
Changes require an additional filing.		PAR VALUE <b>0</b>	
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.			
<b>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.</b>			
Name of Authorized Representative <b>Thomas P. Sullivan - Secretary</b>			Date <b>2/5/2024</b>
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](http://www.sos.ri.gov)