



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2024
Corporation

FEB 07 2024
[Handwritten Signature]

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001751163		2. Exact name of the Corporation ICC Commonwealth Corporation			
3. Principal Office Address 795 Wurlitzer Drive			City North Tonawanda	State NY	Zip 14120
4. NAICS Code 238110		6. Brief description of the character of business conducted in Rhode Island design, construction, inspection, repairs, demolition of chimneys & stacks for the power industry & others; restoration & relocation of historic structures			
5. State of Incorporation New York					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Guillermo Alvarez			Vice-President Name none		
Street Address 795 Wurlitzer Drive			Street Address		
City North Tonawanda	State NY	Zip 14120	City	State	Zip
Secretary Name Thomas P. Sullivan			Treasurer Name Daniel Vila		
Street Address 795 Wurlitzer Drive			Street Address 795 Wurlitzer Drive		
City North Tonawanda	State NY	Zip 14120	City North Tonawanda	State NY	Zip 14120
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Guillermo Alvarez			Director Name none		
Street Address 795 Wurlitzer Drive			Street Address		
City North Tonawanda	State NY	Zip 14120	City	State	Zip
Director Name none			Director Name none		
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
		200	CNP	0	
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 Thomas P. Sullivan - Secretary				Date 2/5/2024	
Signature of Authorized Representative <i>[Handwritten Signature]</i>					

MAIL TO:
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