



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 05 2024

BY: USA3
[Signature]

1. Entity ID Number <u>6052782</u>		2. Exact name of the Corporation <u>PEZCO, INC</u>	
3. Principal Office Address <u>28 Mason Street</u>		City <u>North Kingstown</u>	State <u>RI</u>
		Zip <u>02852</u>	
4. NAICS Code <u>Real Estate</u>	6. Brief description of the character of business conducted in Rhode Island <u>owning and managing real estate</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>John A. Pezza Trustee or his Successor</u>		Vice-President Name <u>John A. Pezza Trustee or Successor</u>	
Street Address <u>28 Mason Street</u>		Street Address <u>1220 Pontiac Ave.</u>	
City <u>North Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>	City <u>North Kingstown</u>
			State <u>RI</u>
			Zip <u>02852</u>
Secretary Name <u>John A. Pezza Trustee or his Successor</u>		Treasurer Name <u>John A. Pezza Trustee or Successor</u>	
Street Address <u>28 Mason Street</u>		Street Address <u>28 Mason Street</u>	
City <u>North Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>	City <u>North Kingstown</u>
			State <u>RI</u>
			Zip <u>02852</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>			
Director Name <u>John A. Pezza</u>		Director Name	
Street Address <u>28 Mason Street</u>		Street Address	
City <u>North Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>	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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	PAR VALUE
		<u>600</u>	
Changes require an additional filing.			
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 <u>JOHN A. PEZZA</u>			Date
Signature of Authorized Representative <i>[Signature]</i>			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov