



**State of Rhode Island
Department of State - Business Services Division**

FILED

MAR 13 2024

BY 30732
[Signature]

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.

1. Entity ID Number 75865		2. Exact name of the Corporation John Rocchio Corporation			
3. Principal Office Address 20 Lark Industrial Parkway			City Smithfield	State RI	Zip 02828
4. NAICS Code 221320		6. Brief description of the character of business conducted in Rhode Island Utility Install: Sewer, Water & Storm and Bridge Repairs and/or Replacement.			
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 John A. Rocchio, Jr.			Vice-President Name Diane M. Rocchio		
Street Address 20 Lark Industrial Parkway			Street Address 20 Lark Industrial Parkway		
City Smithfield	State RI	Zip 02828	City Smithfield	State RI	Zip 02828
Secretary Name Kathy A. James			Treasurer Name John A. Rocchio, Jr.		
Street Address 20 Lark Industrial Parkway			Street Address 20 Lark Industrial Parkway		
City Smithfield	State RI	Zip 02828	City Smithfield	State RI	Zip 02828
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John A. Rocchio, Jr.			Director Name Diane M. Rocchio		
Street Address 20 Lark Industrial Parkway			Street Address 20 Lark Industrial Parkway		
City Smithfield	State RI	Zip 02828	City Smithfield	State RI	Zip 02828
Director Name			Director Name		
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
			200		Common
					No 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 Kathy A. James, Secretary					Date 3/5/24
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