RI SOS Filing Number: 202451223380 Date: 4/16/2024 4:00:00 PM



## State of Rhode Island

## Department of State - Business Services Division

## Annual Report for the year: 2024 Corporation

→ Filing period: February 1 - May 1

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→ Filing Fee: \$50.00					<u> </u>				
Penalty: Additional \$25.00 fee if form is not filed by May 31.				<u>-56</u> -28					
1. Entity ID Number <b>001737569</b>	2. Exact nar	2. Exact name of the Corporation lozzi Builders, Inc.							
3. Principal Office Address 115 Manning Street			City Warwick		State RI	Zip <b>02889</b>			
4. NAICS Code 238130	1	6. Brief description of the character of business conducted in Rhode Island provide framing contractor services, any ancillary purposes, and all other lawful purposes.							
5. State of Incorporation RI									
7. List ALL officers (names ar	nd addresses)			Check t	the box to ind	icate an attachment 🔲			
President Name Steven F. lozzi, Jr.			Vice-Presid	Vice-President Name					
Street Address 115 Manning Street			Street Addre	Street Address					
City <b>Warwick</b>	State RI	Zip <b>02889</b>	City		State	Zip			
Secretary Name Steven F. lozzi, Jr.				Treasurer Name Steven F. lozzi, Jr.					
Street Address 115 Manning Street			Street Addr	Street Address 115 Manning Street					
City <b>Warwick</b>	State RI	Zip <b>02889</b>	City <b>Warwick</b>		State RI	Zip <b>02889</b>			
8. List ALL directors (names a	and addresses)		•	Check	the box to ind	icate an attachment			
Director Name			Director Nar	Director Name					
Street Address			Street Addre	Street Address					
City	State	Zip	City		State	Zip			
Director Name			Director Nar	Director Name					
Street Address			Street Address						
City	State	Zip	City		State	Zip			
9. Shares Authorized		10. Shares Is	Shares Issued Check the box to indicate an attachment						
This information is currently of record in the Department of State.			NUMBER OF SHARES CLASS/SI						
		10	100		mmon Shares 0.01 par value				
Changes require an additional	filing.					<u>-,</u>			
11. This report must be executrustee, this report must be ex	ited on behalf of the	e corporation by an	authorized repr	resentative. If the corpor trustee.	ration is in the	hands of a receiver or			
Under penalty of perjury, I o statements, and that all stat	leclare and affirm	that I have exami	ned this report,		panying sch	edules and			
Name of Authorized Represer					Date //	10/04			
Steven F. lozzi, Jr.	annutation N	( 1 1			1 7/	1447			
Signature of Authorized Repre	esentative	X/W	2h_	FILED					
MAIL TO: Division of Business Services		V	/()	APR 1 6 2024					

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY ML 0265