



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.

 RECEIVED
 SECRETARY OF STATE
 CORPORATION

2024 DEC -5 AM 11:42

1. Entity ID Number 000883001		2. Exact name of the Corporation Ace Endico Corp.												
3. Principal Office Address 80 International Blvd			City Brewster	State NY	Zip 10509									
4. NAICS Code 424490	6. Brief description of the character of business conducted in Rhode Island Food distribution to restaurants, grocers, venues, schools													
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 Michael Endico			Vice-President Name Laura Endico											
Street Address 80 International Blvd			Street Address 80 International Blvd											
City Brewster	State NY	Zip 10509	City Brewster	State NY	Zip 10509									
Secretary Name Laura Endico			Treasurer Name Laura Endico											
Street Address 80 International Blvd			Street Address 80 International Blvd											
City Brewster	State NY	Zip 10509	City Brewster	State NY	Zip 10509									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name None			Director Name None											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>A</td> <td>100</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	A	100			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100	A	100												
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 Laura Endico					Date 12/02/2024									
Signature of Authorized Representative <i>Laura Endico</i>														

MAIL TO:

Division of Business Services

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

Phone: (401) 322-3060

Website: www.sos.ri.gov

FILED

11:43

DEC 05 2024

BY SKQ2G

FORM 630- Revised 12/2023

RI SOS MADE NON-SUBSTANTIVE EDITS