RI SOS Filing Number: 202564303850 Date: 2/4/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2025
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	2. Exact name of the Corporation
000092782	PEZCO, INC.

3. Principal Office Address	City	State	Zip
28 Mason Street	North Kingstown	RI	02852

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
Real Estate	Owning and managing real estate
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: John A. Pezza Trustee or his Successor			Vice-President Name: JohnA.PezzaTrustee or Successor		
Street Address: 28 Mason Street			Street Address: 28 Mason Street		
City: North Kingstown	State: RI	Zip: 02852	City: North Kingstown	State: RI	Zip: 02852
Secretary Name: John A. Pezza Trustee or his Successor			Treasurer Name: JohnA.Pezza Trustee or Successor		
Street Address: 28 Mason Street			Street Address: 28 Mason Street		
City: North Kingstown	State: RI	Zip: 02852	City: North Kingstown	State: RI	Zip: 02852

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: John A. Pezza			Director Name		
Street Address: 28 Mason Street			Street Address		
City: North Kingstown	State: RI	Zip: 02852	City	State	Zip
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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	0	000	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	Date
John A. Pezza	1-29-2025

Signature of Authorized Representative: John A Pezza

FILED
FEB 04 2025
BY: 4688

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

RI DOS MADE NON-SUBSTANTIVE EDITS

FORM 630- Revised: 12/2023