PERM

State of Rhode Island

Department of State - Business Services Division

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 Eyect na	2 Event name of the O						
70864	1ZZ0 &	2. Exact name of the Corporation IZZ0 & SONS, INC.						
3. Principal Office Address		OONS, INC.						
22 Minnesota Avenue			1 *	City Sta			Zip 02888	
4. NAICS Code	6. Brief des	6. Brief description of the character of business conducted in Rhode Island						
<u>238</u> 210	To conduct electrical work, installation, repair and maintenance and all							
5. State of Incorporation	other lav	vful purposes.	,	iiddon, repair an	u mainte	inance	and all	
Rhode Island								
7. List ALL officers (names and ad	idresses)			Charlet				
President Name Joseph P. Izzo	Vice-President Name							
Street Address 22 Minnesota Avernue				Street Address 22 Minnesota Avenue				
City Warwick	State	Zip	City	ZZ Willinesota Avenue				
Sarreton Name	RI	^{Zip} 02888	City Wa	rwick	State	RI	Zip 02888	
Joseph P. Izzo			Treasure	Tressurer Name				
Street Address 22 Minnesota A	Joseph P. Izzo							
ZZ WIITITESOLA A	venue	·		Street Address 22 Minnesota Avenue				
^{City} Warwick	State RI	^{Zip} 02888	City Wa	rwick	State		Zip 02888	
B. List ALL directors (names and a	ddresses)				o boy to la		02888	
n/a	Director N	Check the box to indicate an attachment Director Name						
treet Address			Street Address					
City	State							
	0246	Zip	City		State		Zip	
Prector Name			Director Name					
treet Address			Pierre A.					
ity			Street Add	17 88 5				
rt y	State	Zip	City		State		Zip	
Shares Authorized	<u></u>	10. Shares Issu	und .				Ì	
his information is currently of reconspartment of State.	rd in the NUMBER O		Check the box to indicate an attachment CHARES CLASS/SERIES PAR VALUE					
hanges require an additional filing.		200		common		no par value		
					 -	The par	value	
. This report must be executed on	behalf of the	Corporation by an av	. (1)			<u></u>		
. This report must be executed or liver or trustee, this report must be inder penalty of perjury, I declar	executed on	behalf of the corpora	illionized rep Billion by the	presentative. If the cor	rporation Is	in the har	nds of a re-	
atements, and that all statemen	ts contelled	hat i have examined	d this repor	t, including any acc	ompanying	schedu	les and	
arne of Authorized Representative		ilerein are true and	correct.					
oseph P. izzo., President						Date		
gnature of Authorized Representative						7-3-25		

MAIL TO
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

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