

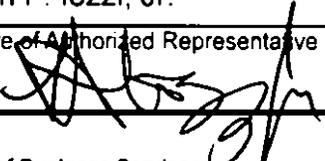


State of Rhode Island  
**Department of State - Business Services Division**

REC'D RIDOS BSD  
 25 MAR 26 PM 1:18:00  
**STAMP**  
 DEPARTMENT OF STATE  
 STATE OF RHODE ISLAND

**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 <b>001737569</b>		2. Exact name of the Corporation <b>Iozzi Builders, Inc.</b>			
3. Principal Office Address <b>115 Manning Street</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>
4. NAICS Code <b>238130</b>		6. Brief description of the character of business conducted in Rhode Island <b>Provide framing contractor services, any ancillary purposes, and all other lawful purposes.</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Steven F. Iozzi, Jr.</b>			Vice-President Name		
Street Address <b>115 Manning Street</b>			Street Address		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>	City	State	Zip
Secretary Name <b>Steven F. Iozzi, Jr.</b>			Treasurer Name <b>Steven F. Iozzi, Jr.</b>		
Street Address <b>115 Manning Street</b>			Street Address <b>115 Manning Street</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
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		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<b>100</b>	<b>Common Share</b>	<b>0.01 par value</b>	
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. <b>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.</b>					
Name of Authorized Representative <b>Steven F. Iozzi, Jr.</b>					Date <b>3/5/25</b>
Signature of Authorized Representative 					

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

**FILED**

**MAR 26 2025**

BY 0325  
 FORM 630 - Revised: 11/2021