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BY

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. Exact name of the Corporation
000145575	SOSCIA CONSTRUCTION LTD

3. Principal Office Address	City	State	Zip
6 Silver Maple Drive	Coventry	RI	02816

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
236118	Residential interior and exterior construction, remodeling and commercial floor installation
5. State of Incorporation	
Rhode Island	

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

President Name: Gregory Soscia			Vice-President Name: Douglas Soscia		
Street Address: 6 Silver Maple Drive			Street Address: 6 Silver Maple Drive		
City: Coventry	State: RI	Zip: 02816	City: Coventry	State: RI	Zip: 02816
Secretary Name: Gregory Soscia			Treasurer Name: Bruce Soscia		
Street Address: 6 Silver Maple Drive			Street Address: 6 Silver Maple Drive		
City: Coventry	State: RI	Zip: 02816	City: Coventry	State: RI	Zip: 02816

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

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

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
300	Common	No Par

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: Gregory Soscia

Date: 4/29/25

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

FORM 630 Revised: 12/2023