RI SOS Filing Number: 202335301450 Date: 5/4/2023 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2023 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 nam	e of the Corporation					
000160471	Tony Apice Builders, Inc.						
3. Principal Office Address	1.2.7,76		City		State	Zip	
15 Old Mill Road			Charlest	own	RI	02813	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island						
236118	Carpentry work						
State of Incorporation RI]						
7. List ALL officers (names and addresses) Check the box to indicate an attachment L							
President Name Anthony Apice Jr.			Vice-President Name Anthony Apice Jr.				
Street Address 15 Old Mill Road			Street Address 15 Old Mill Road				
^{City} Charlestown	State RI	^{Zip} 02813	^{City} Charlestown		State RI	^{Zip} 02813	
Secretary Name Anthony Apice Jr.			Treasurer Name Anthony Apice Jr.				
Street Address 15 Old Mill Road			Street Address 15 Old Mill Road				
^{City} Charlestown	State RI	^{Zip} 02813	City Charlestown		State RI	^{Zip} 02813	
8. List ALL directors (names and a	ddresses)				the box to	ndicate an attachment 🔲	
Director Name Anthony Apice Jr.			Director Name				
Street Address 15 Old Mill Road			Street Address &				
City Charlestown	State RI	^{Zip} 02813	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	<u>. </u>	State	Zip	
9. Shares Authorized This Information is currently of record in the		10. Shares Issued NUMBER OF SHARES		Check the box to indicate an attachment CLASSISERIES PAR VALUE			
Department of State. Changes require an additional filing.		400			Common		
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							
Anthony Apice Jr. / 3-6-73						6-23	
Signature of Avithorized Represen	tative						

MAIL TO: Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov