



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2016**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

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|--|--------------------|--|--|--------------------|---------------------|
| 1. Entity ID No. 88764 | | 2. Exact name of the Corporation A.M. Construction, INC. | | | |
| 3. Principal office address P.O. Box 596 | | | City Greenville | State RI | Zip 02828 |
| 4. Business Phone No. (401) 949-5730 | | 5. State of Incorporation Rhode Island | | | |
| 6. Brief description of the character of business conducted in Rhode Island To perform all types of carpentry work | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name Jose N. Andrade | | | Vice-President Name Maria M. Andrade | | |
| Street Address P.O. Box 596 | | | Street Address P.O. Box 596 | | |
| City Greenville | State RI | Zip 02828 | City Greenville | State RI | Zip 02828 |
| Secretary Name Jose N. Andrade | | | Treasurer Name Jose N. Andrade | | |
| Street Address P.O. Box 596 | | | Street Address P.O. Box 596 | | |
| City Greenville | State RI | Zip 02828 | City Greenville | State RI | Zip 02828 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name Jose N. Andrade | | | Director Name | | |
| Street Address P.O. Box 596 | | | Street Address | | |
| City Greenville | State RI | Zip 02828 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet. | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| | | | 200 | | No Par |

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Representative Jose N. Andrade Date 2-26-16

Print or Type Name of Authorized Representative JOSE N. ANDRADE PRESIDENT

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