



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 11721		2. Name of Corporation ADRIEN & SON, INC.			
3. Street Address Principal Business Office 820 Tiogue Avenue			City Coventry	State RI	Zip 02816
4. Business Phone No. 401-828-2340		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island GENERAL CONTRACTING BUSINESS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John Zarlenga			Vice President Name John Zarlenga		
Street Address 54 Mishnock Road			Street Address 54 Mishnock Road		
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
Secretary Name Adrien Zarlenga			Treasurer Name John Zarlenga		
Street Address 367 Log Bridge Road			Street Address 54 Mishnock Road		
City Coventry	State RI	Zip 02816	City West Greenwich	State RI	Zip 02817
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Adrien Zarlenga			Director Name John Zarlenga		
Street Address 367 Log Bridge Road			Street Address 54 Mishnock Road		
City Coventry	State RI	Zip 02816	City West Greenwich	State RI	Zip 02817
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	NO PAR VALUE		600	Common	No Par Value

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.

Signature: John Zarlenga Date: 1/10/08

Print or Type Name: President

Title: President

File Date: **FILED**  
Check No.: FEB 12 2008  
By: [Signature]  
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