



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

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 2009

**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. 1387		2. Name of Corporation W. ARTESANI & SONS, INC., BUILDERS			
3. Street Address Principal Business Office 1704 Broad Street			City Cranston	State RI	Zip 02905
4. Business Phone No. 401-781-8280		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Building and contracting					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael C. Artesani, Sr.			Vice President Name Michael C. Artesani, Jr.		
Street Address 229 Don Avenue			Street Address 1 Fry Pond Road		
City East Providence	State RI	Zip 02916	City West Greenwich	State RI	Zip 02817
Secretary Name Michael C. Artesani, Sr.			Treasurer Name Michael C. Artesani, Sr.		
Street Address 229 Don Avenue			Street Address 229 Don Avenue		
City East Providence	State RI	Zip 02916	City East Providence	State RI	Zip 02916
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael C. Artesani, Sr.			Director Name Michael C. Artesani, Jr.		
Street Address 229 Don Avenue			Street Address 1 Fry Pond Road		
City East Providence	State RI	Zip 02916	City West Greenwich	State RI	Zip 02817
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares		Class/Series		Par Value	
100		Common		No Par	
THIS SECTION MUST BE COMPLETED					
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.					

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	<b>FILED</b>
Check No.	<b>FEB 13 2009</b>
By:	<b>By 1256</b>
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.

*Michael C. Artesani, Sr.* 02/03/09  
Signature Date  
Michael C. Artesani, Sr.  
Print or Type Name  
President  
Title