RI SOS Filing Number: 200943691730 Date: 03/06/2009 4:00 PM

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.	2. Name of Corporation
80197	F. Cassisi, Inc.

3. Street Address Principal Business Office	City	State	Zip
203 Killingly St.	Providence	RI	02909

4. Business Phone No.	5. State of Incorporation
944-4065	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island

Engaging in the general business of construction, contracting, developing, repairing, leasin

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
Francesco Cassisi	Maria Cassisi
Street Address	Street Address
203 Killingly St.	203 Killingly St.
City / State / Zip	City / State / Zip
Providence / RI / 02908	Providence / RI / 02909
Secretary Name	**Treasurer Name**
Maria Cassisi	Francesco Cassisi
Street Address	Street Address
203 Killingly St.	203 Killingly St.
City / State / Zip	City / State / Zip
Providence / RI / 02909	Providence / RI / 02909

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
NONE.	
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	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐
500	ISSUED SHARES — 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.

Number of Shares	Class/Series	Par Value
200	common	no par
THIS SECTION MUST BE COMPLETED		

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.

[redacted]

[redacted]

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.

Maria Cassisi 3-4-09
Signature *Date*

Maria Cassisi
Print or Type Name

Secretary
Title

[redacted]

File Date FILED
Check No.
MAR 06 2009
By: 3343
By FOR SECRETARY OF STATE USE ONLY

31512-41-355679

Form 630 Rev. 08/08