



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 02904-2600
401.222.3000

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. 82289		2. Name of Corporation Polisena Construction	
3. Street Address Principal Business Office 5 Jessica Circle		City North Providence	State RI
4. Business Phone No. (401) 354-8386		5. State of Incorporation Rhode Island	
6. Brief Description of the Character of Business Conducted in Rhode Island Construction			

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

President Name Vincent Polisena			Vice President Name Tammy Polisena		
Street Address 5 Jessica Circle			Street Address 5 Jessica Circle		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
Secretary Name David Casali			Treasurer Name Vincent Polisena		
Street Address 8 Gardner Avenue			Street Address 5 Jessica Circle		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911

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

Director Name Vincent Polisena			Director Name		
Street Address 5 Jessica Circle			Street Address		
City North Providence	State RI	Zip 02911	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	COMMON NO PAR VALUE	

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
500	Common	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.

FILED

File Date MAR 24 2009

Check No. 512685

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 _____ Date _____

Vincent Polisena

Print or Type Name

President

Title