



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 2010

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. 000163002		2. Name of Corporation EMANOUIL BROTHERS INC			
3. Street Address Principal Business Office 17 PROGRESS AVENUE			City CHELMSFORD	State MA	Zip 01824
4. Business Phone No. 978-256-6125		5. State of Incorporation MA			
6. Brief Description of the Character of Business Conducted in Rhode Island LANDSCAPING AND EXCAVATING CONTRACTOR					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name P. CHARLES EMANOUIL			Vice President Name DAVID ALAN KATES		
Street Address 3 FIELDSTONE TERRACE			Street Address 116 DALTON ROAD		
City CHELMSFORD	State MA	Zip 01824	City CHELMSFORD	State MA	Zip 01824
Secretary Name P. CHARLES EMANOUIL			Treasurer Name P. CHARLES EMANOUIL		
Street Address 3 FIELDSTONE TERRACE			Street Address 3 FIELDSTONE TERRACE		
City CHELMSFORD	State MA	Zip 01824	City CHELMSFORD	State MA	Zip 01824
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name P. CHARLES EMANOUIL			Director Name N/A		
Street Address 3 FIELDSTONE TERRACE			Street Address		
City CHELMSFORD	State MA	Zip 01824	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 0	Class/Series CNP	Par Value \$0.00

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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

FEB 03 2010

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
David A. Kates

Date
1/11/2010

Print or Type Name
DAVID A. KATES

Title
CONTROLLER

Title

File Date _____
Check No. _____
By: _____
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