



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 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(c), 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. 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	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	City WEST GREENWICH	State RI
		Zip 02816	
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	City WEST GREENWICH	State RI
		Zip 02816	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
		Zip	
9. SHARES AUTHORIZED 600 NO PAR VALUE		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
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 600	Class/Series COMMON
		Par Value 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.

FILED

File Date FEB 16 2010

Check No. BY 2365

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 John Zarlenga Date 2/4/10

JOHN ZARLENGA

Print or Type Name

PRESIDENT

Title