



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 02904-2511
401.222.3111

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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)(2)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 146363		2. Name of Corporation ADI POLISHING, INC.			
3. Street Address Principal Business Office 81 CALDER ST.			City CRANSTON	State RI	Zip 02920
4. Business Phone No. 401-837-2771		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island POLISHING COMPANY					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ANGELO IZZO			Vice President Name RAYMOND IZZO		
Street Address 43 RUSSO ST.			Street Address 95 OLD SNAKE HILL RD.		
City PROVIDENCE	State RI	Zip 02904	City CHEPACHET	State RI	Zip 02814
Secretary Name RAYMOND IZZO			Treasurer Name ANGELO IZZO		
Street Address 95 OLD SNAKE HILL RD.			Street Address 43 RUSSO ST.		
City CHEPACHET	State RI	Zip 02814	City PROVIDENCE	State RI	Zip 02904
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ANGELO IZZO			Director Name RAYMOND IZZO		
Street Address 43 RUSSO ST.			Street Address 95 OLD SNAKE HILL RD.		
City PROVIDENCE	State RI	Zip 02904	City CHEPACHET	State RI	Zip 02814
Director Name			Director Name		
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	Class Series	Par Value
			100	COMMON	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

JAN 30 2012

Check No.

By

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

Print or Type Name

ANGELO IZZO, PRESIDENT

Title