



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 9964		2. Exact name of the Corporation MERANDI BROS. INC.		
3. Principal office address 12 Rowley Street		City East Providence	State RI	Zip 02914
4. Business Phone No. (401) 434-8843		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Construction				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name John Merandi		Vice-President Name Marie D. Merandi		
Street Address 12 Rowley Street		Street Address 12 Rowley Street		
City East Providence	State RI	Zip 02914	City East Providence	State RI
Secretary Name John Merandi, Jr.		Treasurer Name John Merandi		
Street Address 12 Rowley Street		Street Address 12 Rowley Street		
City East Providence	State RI	Zip 02914	City East Providence	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name None		Director Name Robin E. Iascone		
Street Address 25 Derby Avenue		Street Address 25 Derby Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
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.				
NUMBER OF SHARES 100		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.

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

FEB 06 2013

BY **3492**

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 of Authorized Representative

John Merandi

Date
1/28/13

Print or Type Name of Authorized Representative