



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. 101824		2. Exact name of the Corporation GIANLORENZO & SONS CONSTRUCTION CORP.			
3. Principal office address 25 TRIPPS LANE			City EAST PROVIDENCE	State RI	Zip 02915
4. Business Phone No. 438-2711			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island GENERAL CONSTRUCTION					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name STEVEN GIANLORENZO			Vice-President Name None		
Street Address 25 TRIPPS LANE			Street Address		
City EAST PROVIDENCE	State RI	Zip 02915	City	State	Zip
Secretary Name STEVEN GIANLORENZO			Treasurer Name STEVEN GIANLORENZO		
Street Address 25 TRIPPS LANE			Street Address 25 TRIPPS LANE		
City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE	State RI	Zip 02915
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name STEVEN GIANLORENZO			Director Name NONE		
Street Address 25 TRIPPS LANE			Street Address		
City EAST PROVIDENCE	State RI	Zip 02915	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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.					
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

MAR 18 2013

BY 15101

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] **1-15-13**
 Signature of Authorized Representative Date

STEVEN GIANLORENZO, President

Print or Type Name of Authorized Representative

File Date _____
 Check No. _____
 By: _____
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