



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. 108363		2. Exact name of the Corporation FRANCO FRESILLI & SON MASONRY, INC.					
3. Principal office address 53 Maplewood Avenue				City Cranston	State RI	Zip 02920	
4. Business Phone No. 401-275-5500				5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Masonry Contractor							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name Franco Fresilli				Vice-President Name None			
Street Address 53 Maplewood Avenue				Street Address			
City Cranston	State RI	Zip 02920	City	State	Zip		
Secretary Name Franco Fresilli				Treasurer Name Franco Fresilli			
Street Address 53 Maplewood Avenue				Street Address 53 Maplewood Avenue			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920		
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name Franco Fresilli				Director Name None			
Street Address 53 Maplewood Avenue				Street Address			
City Cranston	State RI	Zip 02920	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.				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

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.

File Date _____

Check No _____

By: _____

BY 4478 MAR 22 2013

Franco Fresilli MARCH 17, 2013
 Signature of Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

Franco Fresilli, President

Print or Type Name of Authorized Representative