



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 2014

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. 9902		2. Exact name of the Corporation August W. Mende Inc.			
3. Principal office address 235 Chalkstone Avenue			City Providence	State R.I.	Zip 02908
4. Business Phone No. = 401 331 5484			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island General woodworking					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Shirley V. Mende			Vice-President Name Robert H. Mende		
Street Address 12 Bigelow Road			Street Address 12 Bigelow Road		
City Johnston	State R.I.	Zip 02919	City Johnston	State R.I.	Zip 02919
Secretary Name Robert H. Mende			Treasurer Name Robert H. Mende		
Street Address 12 Bigelow Road			Street Address 12 Bigelow Road		
City Johnston	State Rhode Island	Zip 02919	City Johnston	State R.I.	Zip 02919
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Robert H. Mende			Director Name Shirley V. Mende		
Street Address 12 Bigelow Road			Street Address 12 Bigelow Road		
City Johnston	State R.I.	Zip 02919	City Johnston	State R.I.	Zip 02919
Director Name Susan Pagliaro			Director Name no other		
Street Address 22 Mowry Avenue			Street Address no other		
City Johnston	State R.I.	Zip 02919	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
			165	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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JAN 17 2014

BY 17033

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

1/10/14

Date

Robert H. Mende

Print or Type Name of Authorized Representative