



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. 42830		2. Exact name of the Corporation STASIUNAS CONSTRUCTION COMPANY, INC.			
3. Principal office address 3880 Old Post Road			City Charlestown	State RI	Zip 02813
4. Business Phone No. 401-364-0300			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Construction and related activities, including sewage and disposal systems					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Timothy A. Stasiunas			Vice-President Name JoAnn C. Stasiunas		
Street Address PO Box 183			Street Address PO Box 183		
City Wakefield	State RI	Zip 02880	City Wakefield	State RI	Zip 02880
Secretary Name JoAnn C. Stasiunas			Treasurer Name Timothy A. Stasiunas		
Street Address PO Box 183			Street Address PO Box 183		
City Wakefield	State RI	Zip 02880	City Wakefield	State RI	Zip 02880
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
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
			350	Common	No Par

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: _____

FILED

JAN 28 2014

BY 5538

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

Date

Timothy A. Stasiunas

Print or Type Name of Authorized Representative