



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. 11721		2. Exact name of the Corporation ADRIEN & SON, INC.						
3. Principal office address 820 TIOGUE AVENUE		City COVENTRY	State RI	Zip 02816				
4. Business Phone No. 828-2340		5. State of Incorporation RHODE ISLAND						
6. Brief description of the character of business conducted in Rhode Island GENERAL CONTRACTING BUSINESS								
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
President Name JOHN ZARLENGA			Vice-President Name JOHN ZARLENGA					
Street Address 54 MISHNOCK ROAD			Street Address 54 MISHNOCK ROAD					
City COVENTRY	State RI	Zip 02816	City WEST GREENWICH	State RI	Zip 02817			
Secretary Name ADRIEN ZARLENGA			Treasurer Name JOHN ZARLENGA					
Street Address 2790 SOUTH EAST 3RD STREET			Street Address 54 MISHNOCK ROAD					
City POMPANO	State FL	Zip 53062	City WEST GREENWICH	State RI	Zip 02817			
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
Director Name ADRIEN ZARLENGA			Director Name JOHN ZARLENGA					
Street Address 2790 SOUTH EAST 3RD STREET			Street Address 54 MISHNOCK ROAD					
City POMPANO	State FL	Zip 53062	City WEST GREENWICH	State RI	Zip 02817			
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
						600	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

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.

FILED

MAR 07 2014

Signature of Authorized Representative JOHN ZARLENGA Date 2-15-14
Print or Type Name of Authorized Representative

BY 2505