



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. 144989 | | 2. Exact name of the Corporation ANODYNE CORPORATION | | | |
| 3. Principal office address 300 WAMPANONG TR. | | | City E. PROVIDENCE | State RI | Zip 02915 |
| 4. Business Phone No. (401) 434-7500 | | | 5. State of Incorporation RI | | |
| 6. Brief description of the character of business conducted in Rhode Island COMMERCIAL CONSTRUCTION COMPANY | | | | | |
| President Name BRIAN WELLS | | | Vice-President Name JOHN SALZILLO | | |
| Street Address 41 BERKLEY AVE. | | | Street Address 11 RIVERSIDE AVE. | | |
| City POMFRET | State RI | Zip 02871 | City SWANSEA | State MA | Zip 02777 |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. LIST ALL DIRECTORS (NAME AND ADDRESS) (SEE BOX FOR INSTRUCTIONS) <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 (SEE BOX FOR INSTRUCTIONS) <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 100 | CLASS/SERIES NO HOME | 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
 APR 30 2014
 7338

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.

John R. Salzillo **4/15/14**
 Signature of Authorized Representative Date
John R. Salzillo V.P.
 Print or Type Name of Authorized Representative