



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. 100 SHARES			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	HOME	

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