



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 2010

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. <u>448372</u>		2. Exact name of the Corporation <u>American Acoustical Contractors Corp</u>	
3. Principal office address <u>120 York Avenue</u>		City <u>Randolph</u>	State <u>MA</u>
4. Business Phone No. <u>781-961-8453</u>		5. State of Incorporation <u>MA</u>	
6. Brief description of the character of business conducted in Rhode Island <u>acoustical ceiling contractors</u>			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>Anthony Giordano Jr.</u>		Vice-President Name <u>Anthony Giordano Jr.</u>	
Street Address <u>15 Duck farm Lane</u>		Street Address <u>15 Duck farm Lane</u>	
City <u>Bridgewater</u>	State <u>MA</u>	City <u>Bridgewater</u>	State <u>MA</u>
Zip <u>02324</u>		Zip <u>02324</u>	
Secretary Name <u>Anthony Giordano Jr.</u>		Treasurer Name <u>Anthony Giordano Jr.</u>	
Street Address <u>15 Duck farm Lane</u>		Street Address <u>15 Duck farm Lane</u>	
City <u>Bridgewater</u>	State <u>MA</u>	City <u>Bridgewater</u>	State <u>MA</u>
Zip <u>02324</u>		Zip <u>02324</u>	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <u>Anthony Giordano Jr.</u>		Director Name	
Street Address <u>15 Duck farm Lane</u>		Street Address	
City <u>Bridgewater</u>	State <u>MA</u>	City	State
Zip <u>02324</u>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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 <u>0</u>		CLASS/SERIES	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

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A.A. 2:28pm

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.

Anthony C. Giordano Jr. 7/1/14
Signature of Authorized Representative Date

Anthony Giordano Jr.
Print or Type Name of Authorized Representative