



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 2009

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>	Zip <u>02368</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) ☐				
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>	Zip <u>02324</u>	City <u>Bridgewater</u>	State <u>MA</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>	Zip <u>02324</u>	City <u>Bridgewater</u>	State <u>MA</u>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐				
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>	Zip <u>02324</u>	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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
		<u>0</u>		

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

JUL 02 2014

By 201798

A.A. 2:27pm

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