



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 2015

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. 59870		2. Exact name of the Corporation COMOLLI GRANITE COMPANY, INC.						
3. Principal office address 4 Chase Hill Road		City Ashaway	State RI	Zip 02804				
4. Business Phone No. (401) 577-2530		5. State of Incorporation Rhode Island						
6. Brief description of the character of business conducted in Rhode Island Manufacture, distribute and sell granite and granite products.								
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
President Name Richard D. Comolli			Vice-President Name Andrew V. Comolli					
Street Address 51 Bellevue Avenue			Street Address 32 Rock Ridge Road					
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891			
Secretary Name David R. Comolli			Treasurer Name Melinda Boeglin					
Street Address 63 Arbutis Trail			Street Address 8 1/2 Spruce Street					
City Charlestown	State RI	Zip 02813	City Westerly	State RI	Zip 02891			
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
Director Name Richard D. Comolli			Director Name Andrew V. Comolli					
Street Address 51 Bellevue Avenue			Street Address 32 Rock Ridge Road					
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891			
Director Name David R. Comolli			Director Name					
Street Address 63 Arbutis Trail			Street Address					
City Charlestown	State RI	Zip 02813	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
						1000	Common	No Par

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

DEC 24 2014

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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.

Richard D. Comolli

Signature of Authorized Representative

Date

Richard D. Comolli

Print or Type Name of Authorized Representative