



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

|  |                    |  |  |                    |                     |
|--|--------------------|--|--|--------------------|---------------------|
| 1. Corporate ID No.<br><b>155046</b>   |                    | 2. Name of Corporation<br><b>DiStefano Brothers Construction, Inc.</b> |  |                    |                     |
| 3. Street Address Principal Business Office<br><b>121 Whitford Street</b>  |                    |  | City<br><b>South Kingstown</b>                                       | State<br><b>RI</b> | Zip<br><b>02879</b> |
| 4. Business Phone No.<br><b>(401)783-1030</b>  |                    | 5. State of Incorporation<br><b>Rhode Island</b>                       |  |                    |                     |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br><b>Engage in the business of construction and remodeling</b>                |                    |  |  |                    |                     |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |                    |  |  |                    |                     |
| President Name<br><b>Peter J. DiStefano</b>  |                    |  | Vice President Name  |                    |                     |
| Street Address<br><b>121 Whitford Street</b>   |                    |  | Street Address   |                    |                     |
| City<br><b>South Kingstown</b>   | State<br><b>RI</b> | Zip<br><b>02879</b>  | City   | State              | Zip                 |
| Secretary Name<br><b>Peter J. DiStefano</b>  |                    |  | Treasurer Name<br><b>Peter J. DiStefano</b>                          |                    |                     |
| Street Address<br><b>121 Whitford Street</b>   |                    |  | Street Address<br><b>121 Whitford Street</b>                         |                    |                     |
| City<br><b>South Kingstown</b>   | State<br><b>RI</b> | Zip<br><b>02879</b>  | City<br><b>South Kingstown</b>                                       | State<br><b>RI</b> | Zip<br><b>02879</b> |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |                    |  |  |                    |                     |
| 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: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |                    |  | 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. |                    |  | ISSUED SHARES - THIS SECTION MUST BE COMPLETED                       |                    |                     |
|  |                    |  | Number of Shares   | 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.

**FILED**

**JAN 15 2015**

**10538**

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.

*[Signature]*  
Signature

**1/2/15**  
Date

**Peter J. DiStefano**  
Print or Type Name

**President**  
Title

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_ BY \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY