



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. 158131		2. Exact name of the Corporation Reliable Truss and Components, Inc.			
3. Principal office address 71 Maple Street			City Mansfield	State MA	Zip 02048
4. Business Phone No. 508-339-8020		5. State of Incorporation Massachusetts			
6. Brief description of the character of business conducted in Rhode Island To conduct business as retail and wholesale lumber and building materials supplier.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Manuel M. Pina			Vice-President Name		
Street Address 71 Maple Street			Street Address		
City Mansfield	State MA	Zip 02048	City	State	Zip
Secretary Name Steven S. Kaitz			Treasurer Name Manuel M. Pina		
Street Address 71 Maple Street			Street Address 71 Maple Street		
City Mansfield	State MA	Zip 02048	City Mansfield	State MA	Zip 02048
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Steven S. Kaitz			Director Name Marjorie Kaitz-Seligman		
Street Address 71 Maple Street			Street Address 71 Maple Street		
City Mansfield	State MA	Zip 02048	City Mansfield	State MA	Zip 02048
Director Name Manuel M. Pina			Director Name		
Street Address 71 Maple Street			Street Address		
City Mansfield	State MA	Zip 02048	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
			100	common/voting	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

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.

FILED

Signature of Authorized Representative

Date

Manuel M. Pina, President

Print or Type Name of Authorized Representative

JAN 26 2015

BY

10429

RELIABLE TRUSS AND COMPONENTS, INC.

7. Names and addresses of the officers, continued:

Chief Executive Officer - Steven S. Kaitz
71 Maple Street
Mansfield, MA 02048

FILED

JAN 26 2015

BY # 158131