



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 2014

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. 799249		2. Exact name of the Corporation AGNOLI SIGN CO., INC.			
3. Principal office address 722 WORTHINGTON STREET		City SPRINGFIELD	State MA	Zip 01105	
4. Business Phone No. (413) 732-5111		5. State of Incorporation MASSACHUSETTS			
6. Brief description of the character of business conducted in Rhode Island TO MANUFACTURE SIGNS IN THE STATE OF MASSACHUSETTS AND TO INSTALL THEM ON EXISTING BUILDINGS IN THE STATE OF RHODE ISLAND.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name DONALD G. AGNOLI			Vice-President Name NONE		
Street Address 32 WILD GROVE LANE			Street Address NONE		
City LONGMEADOW	State MA	Zip 01106	City NONE	State NONE	Zip NONE
Secretary Name DONALD G. AGNOLI			Treasurer Name DONALD G. AGNOLI		
Street Address 32 WILD GROVE LANE			Street Address 32 WILD GROVE LAND		
City LONGMEADOW	State MA	Zip 01106	City LONGMEADOW	State MA	Zip 01106
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name DONALD G. AGNOLI			Director Name NONE		
Street Address 32 WILD GROVE LANE			Street Address NONE		
City LONGMEADOW	State MA	Zip 01106	City NONE	State NONE	Zip NONE
Director Name NONE			Director Name NONE		
Street Address NONE			Street Address NONE		
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE
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
			1,100	CNP	\$ -0-

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

FILED 2:36pm

Check No.

FEB 17 2015

By:

242449

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.

✓ Donald G. Agnoli 1/16/15
Signature of Authorized Representative

Date

✓ DONALD G. AGNOLI

Print or Type Name of Authorized Representative

KM