



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. 6037		2. Exact name of the Corporation Wm Dandreta Company			
3. Principal office address PO Box 6488		City Providence	State RI	Zip 02940	
4. Business Phone No. None		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Dealing in electronics and electronic supplies					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Thomas E. Dandreta			Vice-President Name None		
Street Address 6 Carue Drive			Street Address		
City North Scituate	State RI	Zip 02857	City	State	Zip
Secretary Name William J Dandreta			Treasurer Name William J Dandreta		
Street Address 170 Slater Avenue			Street Address 170 Slater Avenue		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Thomas E. Dandreta			Director Name William J Dandreta		
Street Address 6 Carue Drive			Street Address 170 Slater Avenue		
City North Scituate	State RI	Zip 02857	City Providence	State RI	Zip 02906
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
			600	CNP	\$0.00

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

FEB 17 2015

BY 14303

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.

William J Dandreta
Signature of Authorized Representative

2-13-15
Date

WILLIAM J. DANDRETA
Print or Type Name of Authorized Representative