



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. 14491		2. Exact name of the Corporation National Wrecking Co., Inc.						
3. Principal office address 130 Grotto Avenue		City Pawtucket	State RI	Zip 02860				
4. Business Phone No. (401) 723-1545		5. State of Incorporation Rhode Island						
6. Brief description of the character of business conducted in Rhode Island Demolition Services								
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (SEE BOX FOR ATTACHMENT) <input type="checkbox"/>								
President Name Thomas D'Agostino			Vice-President Name Jeannine D'Agostino					
Street Address 130 Grotto Avenue			Street Address 130 Grotto Avenue					
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860			
Secretary Name Jeannine D'Agostino			Treasurer Name Thomas D'Agostino					
Street Address 130 Grotto Avenue			Street Address 130 Grotto Avenue					
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860			
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
Director Name Thomas D'Agostino			Director Name Jeannine D'Agostino					
Street Address 130 Grotto Avenue			Street Address 130 Grotto Avenue					
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860			
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
						400	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

FILED
FEB 17 2015

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.

Thomas D'Agostino
Signature of Authorized Representative

2/13/15
Date

Thomas D'Agostino

Print or Type Name of Authorized Representative