



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. 796444		2. Exact name of the Corporation STIXMAN CONSTRUCTION, INC.			
3. Principal office address 123 Miner Road		City Saunderstown	State RI	Zip 02874	
4. Business Phone No. 401-787-3497		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island GENERAL CONTRACTOR					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) ☐					
President Name MARK J. KILDEA			Vice-President Name MARK J. KILDEA		
Street Address 123 Miner Road			Street Address 123 Miner Road		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Secretary Name MARK J. KILDEA			Treasurer Name MARK J. KILDEA		
Street Address 123 Miner Road			Street Address 123 Miner Road		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) ☐					
Director Name None			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					
10. SHARES ISSUED (X BOX FOR ATTACHMENT) ☐					
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.					

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.

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 of Authorized Representative

MARK J. KILDEA

Print or Type Name of Authorized Representative

Date

3/3/15

FILED

MAR 05 2015

BY

1305

File Date

Check No.

By

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