RI SOS Filing Number: 201562000510 Date: 05/28/2015 4:00 PM

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.	2. Exact name of the Corporation		
46310	L. Notorantonio + Sons Inc		
3. Principal office address: 1194 Hartford Pike	City: Scituate	State: RI	Zip: 02857
4. Business Phone No.: 401-647-5322	5. State of Incorporation: RI		
6. Brief description of the character of business conducted in Rhode Island: Construction/demolition			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: William Notorantonio			Vice-President Name: Joseph Notorantonio		
Street Address: 1194 Hartford Pike			Street Address: 1194 Rt 101		
City: Scituate	State: RI	Zip: 02857	City: Scituate	State: RI	Zip: 02857
Secretary Name: Louis Notorantonio Jr			Treasurer Name:		
Street Address: 1202 Hartford Pike			Street Address:		
City: Scituate	State: RI	Zip: 02857	City:	State:	Zip:

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: Louis Notorantonio			Director Name: Joseph Notorantonio		
Street Address: Same As Above			Street Address: Same As Above		
City:	State:	Zip:	City:	State:	Zip:
Director Name: William Notorantonio			Director Name:		
Street Address: Same As Above			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. SHARES AUTHORIZED ~~1000~~ 1000 Common No Par

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
0		

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.

RECEIVED
2015 MAY 28 A 9:26
SECRETARY OF STATE
CORPORATIONS DIV

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
MAY 28 2015
BY 249729

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 Notorantonio 05/26/15
Signature of Authorized Representative Date

William Notorantonio - President
Print or Type Name of Authorized Representative

Form No. 630
Revised 10 2012
121289-1-1033116