



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. <u>91310</u>		2. Exact name of the Corporation <u>Notorantonio Bros. Inc.</u>		
3. Principal office address <u>1194 Hartford Pike</u>		City <u>Scituate</u>	State <u>RI</u>	Zip <u>02857</u>
4. Business Phone No. <u>401-647-8322</u>		5. State of Incorporation <u>RI</u>		
6. Brief description of the character of business conducted in Rhode Island <u>Construction / demolition</u>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐				
President Name <u>William Notorantonio</u>		Vice-President Name <u>Joseph Notorantonio</u>		
Street Address <u>1194 Hartford Pike</u>		Street Address <u>1194 Rt 101</u>		
City <u>Scituate</u>	State <u>RI</u>	Zip <u>02857</u>	City <u>Scituate</u>	State <u>RI</u>
Secretary Name <u>Louis Notorantonio Jr</u>		Treasurer Name		
Street Address <u>1002 Hartford Pike</u>		Street Address		
City <u>Scituate</u>	State <u>RI</u>	Zip <u>02857</u>	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐				
Director Name <u>Louis Notorantonio</u>		Director Name <u>Joseph Notorantonio</u>		
Street Address		Street Address		
City <u>same as above</u>	State <u>above</u>	Zip	City <u>same as above</u>	State <u>above</u>
Director Name <u>William Notorantonio</u>		Director Name		
Street Address		Street Address		
City <u>same as above</u>	State <u>above</u>	Zip	City	State
9. SHARES AUTHORIZED <u>1000 Common No Pa</u>		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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		<u>0</u>		

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

Form No. 630
Revised: 01/2012

FILED

MAY 28 2015

BY Ch 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