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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		
005258452	CJ CORSI BUILDING & REMODELING INC.		
3. Principal office address: 49 CARRIER AVE	City: SO. ATTLEBORO	State: MA	Zip: 02703
4. Business Phone No.: 774 451 3872	5. State of Incorporation: R.I.		

6. Brief description of the character of business conducted in Rhode Island
BUILDING & REMODELING

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

	President Name	Street Address	City	State	Zip
	CHRISTOPHER JOHN CORSI	49 CARRIER AVE.	SO. ATTLEBORO	MA	02703
	Vice-President Name	Street Address	City	State	Zip
	CHRISTOPHER CORSI	49 CARRIER AVE.	SO. ATTLEBORO	MA	02703
	Secretary Name	Street Address	City	State	Zip
	CHRISTOPHER JOHN CORSI	49 CARRIER AVE	SO. ATTLEBORO	MA	02703
	Treasurer Name	Street Address	City	State	Zip
	CHRISTOPHER CORSI	49 CARRIER AVE	SO. ATTLEBORO	MA	02703

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

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

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SECRETARY OF STATE
CORPORATIONS DIV

9. SHARES AUTHORIZED

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.

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

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
0		0.01

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.

FOR SECRETARY OF STATE USE ONLY
File Date:
Check No:
By:

FILED
JUL 07 2015
By 252301
AA.

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 — Date: 7-7-15

CHRISTOPHER JOHN CORSI
Print or Type Name of Authorized Representative

Form No. 630
Revised 12/7/2012
21036019