

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

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2015

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT E	BY MARCH 31 WILL RESULT IN	A \$25.00 PENA	LTY FEE.
1. Entity ID No. 2. Exact name of the Corporation			
000157433 ACE CONSTRUC	JIUN COMPANY	ے سدے	
3. Principal office address	City	State	Zip
1395 ATWOOD AUE SUITE 210	JUHASTON	RI	02419
4. Business Phone No.	5. State of Incorporation		······································

7: LIST ALL OFFICER	S (NAMES AND ADD)	RESSES) ("X% BOX FOR	ATTACHMENTA STA	a Page Section 1		
President Name		No.	Vice-President Name			
DAVID F. LUCAS Street Address		5 AME				
Street Address		· · · · · · · · · · · · · · · · · · ·	Street Address			
1395 ATWO	DAVE SU	ITE ZIO				
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City 50 Hws Ten Secretary Name	5 4 M E		Treasurer Name	IN E		
Street Address			Street Address			
City	State	Zip	City	State	Zip 🗠	C. F. F.
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8. LIST ALL DIRECTO	RS (NAMES AND ADD	PRESSES)"("X"" BOX FO	RATTACHMENT)		<u> </u>	
Director Name	RS (NAMES AND ADD	PRESSES) ("X" BOX FO	PATTACHMENT) Director Name		5 P -	JANGO PORK
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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 a
this report including any accompany

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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.

Date

Signature of Authorized Representative

Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012