



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 2016

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. 73238		2. Exact name of the Corporation R.J. Mansour, Inc.			
3. Principal office address One Magnolia Street			City Providence	State RI	Zip 02909
4. Business Phone No. 401-521-7800			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island MACHINE SHOP MFG. OF PRECISION COMPONENTS FOR CONTRACTS. RELIGIOUS.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (*X* BOX FOR ATTACHMENT)					
President Name Robert J. Mansour			Vice-President Name Josephine A. Mansour		
Street Address 87 North Hull Street			Street Address 87 North Hull Street		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Robert J. Mansour			Treasurer Name Josephine A. Mansour		
Street Address 87 North Hull Street			Street Address 87 North Hull Street		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (*X* BOX FOR ATTACHMENT)					
Director Name			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 50 NO PAR VALUE			10. SHARES ISSUED (*X* BOX FOR ATTACHMENT) NO PAR VALUE		
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	
500 NO PAR VALUE				NO PAR VALUE	

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

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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.

[Signature] 12-9-15
Signature of Authorized Representative Date

Robert J. Mansour, Pres./C.E.O.

Print or Type Name of Authorized Representative