



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 274611		2. Name of Corporation Hodess Construction Corporation			
3. Street Address Principal Business Office 100 John L. Dietsch Square			City N. Attleboro	State MA	Zip 02763
4. Business Phone No. (508) 695-1012		5. State of Incorporation Massachusetts			
6. Brief Description of the Character of Business Conducted in Rhode Island General contracting and construction, and any other legal purposes.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Blake G. Hodess			Vice President Name N/A		
Street Address 100 John L. Dietsch Square			Street Address		
City N. Attleboro	State MA	Zip 02763	City	State	Zip
Secretary Name Blake G. Hodess			Treasurer Name Claude L. Levesque		
Street Address 100 John L. Dietsch Square			Street Address 100 John L. Dietsch Square		
City N. Attleboro	State MA	Zip 02763	City N. Attleboro	State MA	Zip 02763
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Blake G. Hodess			Director Name		
Street Address 100 John L. Dietsch Square			Street Address		
City N. Attleboro	State MA	Zip 02763	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
8,000	Common	No Par Value	ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			100	Common	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: \_\_\_\_\_ BY \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

**FILED**

JAN 06 2015

OS 15525

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 \_\_\_\_\_ Date 12/13/15

Blake G. Hodess  
Print or Type Name  
President  
Title