



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. <u>170516</u>		2. Exact name of the Corporation <u>Caissan Construction Corporation</u>	
3. Principal office address <u>91 Providence Highway - Rt 2</u>		City <u>Westward</u>	State <u>MA</u>
4. Business Phone No. <u>781-493-3440</u>		5. State of Incorporation <u>MA</u>	
6. Brief description of the character of business conducted in Rhode Island <u>Construction</u>			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>Bruce Jaffin</u>		Vice-President Name <u>—</u>	
Street Address <u>179 Pine Street</u>		Street Address <u>—</u>	
City <u>Medfield</u>	State <u>MA</u>	City <u>—</u>	State <u>—</u>
Zip <u>02052</u>		Zip <u>—</u>	
Secretary Name <u>Bruce Jaffin</u>		Treasurer Name <u>Bruce Jaffin</u>	
Street Address <u>179 Pine Street</u>		Street Address <u>—</u>	
City <u>Medfield</u>	State <u>MA</u>	City <u>—</u>	State <u>—</u>
Zip <u>02052</u>		Zip <u>—</u>	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <u>Bruce Jaffin</u>		Director Name <u>—</u>	
Street Address <u>179 Pine Street</u>		Street Address <u>—</u>	
City <u>Medfield</u>	State <u>MA</u>	City <u>—</u>	State <u>—</u>
Zip <u>02052</u>		Zip <u>—</u>	
Director Name <u>—</u>		Director Name <u>—</u>	
Street Address <u>—</u>		Street Address <u>—</u>	
City <u>—</u>	State <u>—</u>	City <u>—</u>	State <u>—</u>
Zip <u>—</u>		Zip <u>—</u>	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
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>250,000</u>	<u>Common</u>
			<u>2.500</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

FILED

JAN 14 2016

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A.A. 11:29 A.M.

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]

Signature of Authorized Representative

11-30-15
Date

Bruce Jaffin

Print or Type Name of Authorized Representative