



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. 170516	2. Exact name of the Corporation Caissan Construction Corporation		
3. Principal office address 91 Providence Highway - Rt 2		City Westwood	State MA
4. Business Phone No. 781-493-3440		5. State of Incorporation MA	
6. Brief description of the character of business conducted in Rhode Island Construction			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Bruce Jaffin		Vice-President Name —	
Street Address 179 Pine Street		Street Address —	
City Medfield	State MA	City —	State —
Zip 02052			
Secretary Name Bruce Jaffin		Treasurer Name Bruce Jaffin	
Street Address 179 Pine Street		Street Address —	
City Medfield	State MA	City —	State —
Zip 02052			

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Bruce Jaffin		Director Name —	
Street Address 179 Pine Street		Street Address —	
City Medfield	State MA	City —	State —
Zip 02052			
Director Name —		Director Name —	
Street Address —		Street Address —	
City —	State —	City —	State —
Zip —			

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 250,000	CLASS/SERIES Common	PAR VALUE 2.500	

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
265288
A.A. 11:29A.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 of Authorized Representative: **Bruce Jaffin**
 Date: **11-30-15**
 Print or Type Name of Authorized Representative: **Bruce Jaffin**

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