



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

2015

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 - Fl 2		City Westwood	State MA	Zip 02090	
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 176 Pine street			Street Address —		
City Medfield	State MA	Zip 02052	City —	State —	Zip —
Secretary Name Bruce Jaffin			Treasurer Name Bruce Jaffin		
Street Address 176 Pine street			Street Address 176 Pine street		
City Medfield	State MA	Zip 02052	City Medfield	State MA	Zip 02052
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Bruce Jaffin			Director Name —		
Street Address 176 Pine street			Street Address —		
City Medfield	State MA	Zip 02052	City —	State —	Zip —
Director Name —			Director Name —		
Street Address —			Street Address —		
City —	State —	Zip —	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	CLASS/SERIES	PAR VALUE
			250,000	Common	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.

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.

FILED

JAN 14 2016

Signature of Authorized Representative

Date

By 265288 Bruce D. Jaffin
Print or Type Name of Authorized Representative

A.A. 11:27 A.m.

File Date _____
Check No. _____
2016 JAN 14 11:27 AM
AND SECRETARY OF STATE USE ONLY
SECRETARY OF STATE
Revised 10/1/13