



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 2014

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 —
Secretary Name Bruce Jaffin		Treasurer Name Bruce Jaffin		
Street Address 176 Pine street		Street Address 176 Pleasant		
City Medfield	State MA	Zip 02052	City —	State —
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Bruce D. Jaffin		Director Name —		
Street Address 176 Pine street		Street Address —		
City Medfield	State MA	Zip 02052	City —	State —
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2015 DEC 31 AM 10:31

2015 NOV 19 AM 10:01

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: SZ 11:25 AM 11/25
 FOR SECRETARY OF STATE ONLY
 Form No. 330
 Revised: 01/2012

FILED

JAN 14 2016

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

10/19/15
Date

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

A.H. 11:26 A.M.