



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. 99832		2. Exact name of the Corporation AUBIN CORP.		
3. Principal office address 1481 WAMPANOAG TRAIL		City EAST PROVIDENCE	State RI	Zip 02915
4. Business Phone No. (401) 437-1100		5. State of Incorporation MASSACHUSETTS		
6. Brief description of the character of business conducted in Rhode Island ERECTING OR ALTERING REAL ESTATE BY CONTRACT				

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)

President Name LAWRENCE A. AUBIN, SR.			Vice-President Name DIANE F. AUBIN		
Street Address 109 CAMERON WAY			Street Address c/o AUBIN CORP. 1460 FALL RIVER AVE, SUITE 11		
City REHOBOTH	State MA	Zip 02769	City REHOBOTH	State MA	Zip 02769
Secretary Name LAWRENCE A. AUBIN, SR.			Treasurer Name LAWRENCE A. AUBIN, SR.		
Street Address 109 CAMERON WAY			Street Address 109 CAMERON WAY		
City REHOBOTH	State MA	Zip 02769	City REHOBOTH	State MA	Zip 02769

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)

Director Name LAWRENCE A. AUBIN, SR.			Director Name NONE		
Street Address 109 CAMERON WAY			Street Address		
City REHOBOTH	State MA	Zip 02769	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED **10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

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
	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: _____

FILED
 JAN 20 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.
Lawrence Aubin, Sr.
 Signature of Authorized Representative Date 1/11/16
LAWRENCE A. AUBIN, SR., President
 Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY
 17679