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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.	2. Exact name of the Corporation		
146363	**ADI POLISHING, INC.**		
3. Principal office address: **81 CALDER ST**	City: **CRANSTON**	State: **RI**	Zip: **02920**
4. Business Phone No.: **401-942-3955**	5. State of Incorporation: **RHODE ISLAND**		
6. Brief description of the character of business conducted in Rhode Island: **METAL POLISHING**			

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

President Name: **ANGELO IZZO**			Vice-President Name: **RAYMOND IZZO**		
Street Address: **43 RUSSO ST**			Street Address: **95 OLD SNAKE HILL RD**		
City: **PROVIDENCE**	State: **RI**	Zip: **02904**	City: **CHEPACHET**	State: **RI**	Zip: **02814**
Secretary Name: **RAYMOND IZZO**			Treasurer Name: **ANGELO IZZO**		
Street Address: **95 OLD SNAKE HILL RD**			Street Address: **43 RUSSO ST**		
City: **CHEPACHET**	State: **RI**	Zip: **02814**	City: **PROVIDENCE**	State: **RI**	Zip: **02904**

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

Director Name: **ANGELO IZZO**			Director Name: **RAYMOND IZZO**		
Street Address: **43 RUSSO ST**			Street Address: **95 OLD SNAKE HILL RD**		
City: **PROVIDENCE**	State: **RI**	Zip: **02904**	City: **CHEPACHET**	State: **RI**	Zip: **02814**
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. SHARES OF STOCK — **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.**

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

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.

[redacted]

FILED
JAN 19 2016
BY

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 — Date: **01/11/2016**

ANGELO IZZO
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

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