



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

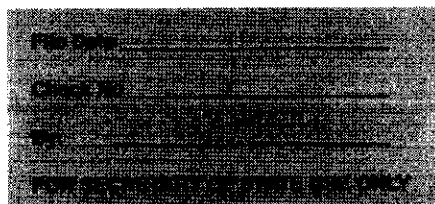
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2016**

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. 146363		2. Exact name of the Corporation 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								
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 (NAME AND ADDRESS) ("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 FOR DIVIDEND								
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.



FILED

JAN 19 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.

Angelo Izzo

01/11/2016

Signature of Authorized Representative

Date

ANGELO IZZO

Print or Type Name of Authorized Representative

BY