



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St.
Providence, RI 02904 2617
401.222.2222

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

| | | | | |
|--|----------------------|--|---|---------------------|
| 1. Corporate ID No. 37864 | | 2. Name of Corporation Ridge Construction Co INC | | |
| 3. Street Address Principal Business Office 730 High ST. | | City Cumberland | State R.I. | Zip 02864 |
| 4. Business Phone No. 401-725-9535 | | 5. State of Incorporation Rhode Island | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island Petroleum Contractor | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | |
| President Name Stanley F. J. Simanski | | Vice President Name Same | | |
| Street Address 730 High ST. | | Street Address | | |
| City Cumberland | State R.I. | Zip 02864 | City | State |
| Secretary Name Same | | Treasurer Name Same | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | |
| Director Name None | | Director Name None | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| Director Name None | | Director Name None | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| 9. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | |
| 10. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | |
| AUTHORIZED SHARES | | | ISSUED SHARES -- THIS SECTION MUST BE COMPLETED | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series |
| 600 | | | 350 | Preferred |
| | | | | |

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 *DU*

JAN 20 2016

File Date _____

BY _____

203910

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Stanley F. J. Simanski
Signature _____ Date _____

Stanley F. J. Simanski 1-18-16
Print or Type Name

Pres.

Title