



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. 138130		2. Exact name of the Corporation Steven DeCubellis Carpentry Service Corp.			
3. Principal office address 404 Douglas Hook Road 44 DeCubellis Court		City Glocester	State RI	Zip 02814	
4. Business Phone No. (401) 568-4769		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Residential construction and remodeling.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Steven DeCubellis			Vice-President Name		
Street Address 404 Douglas Hook Road 44 DeCubellis Court			Street Address		
City Glocester	State RI	Zip 02814	City	State	Zip
Secretary Name Steven DeCubellis			Treasurer Name Steven DeCubellis		
Street Address 404 Douglas Hook Road 44 DeCubellis Court			Street Address 404 Douglas Hook Road 44 DeCubellis Court		
City Glocester	State RI	Zip 02814	City Glocester	State RI	Zip 02814
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Steven DeCubellis			Director Name		
Street Address 404 Douglas Hook Road 44 DeCubellis Court			Street Address		
City Glocester	State RI	Zip 02814	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			1,000	Common	No Par

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:

FOR SECRETARY OF STATE USE ONLY

FILED

JAN 21 2016

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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

Steven DeCubellis

Print or Type Name of Authorized Representative