



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

2016

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 129477		2. Exact name of the Corporation R. LISI & SON BUILDING CO., INC.			
3. Principal office address 122 Manton Avenue		City Providence	State RI	Zip 02909	
4. Business Phone No. (401) 640-3913		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF CONSTRUCTING, RENOVATING AND REMODELING BUILDINGS AND OTHER STRUCTURES, BOTH RESIDENTIAL AND COMMERCIAL.					
President Name Richard Lisi			Vice-President Name Vella Lisi		
Street Address 29 Norton Avenue			Street Address 29 Norton Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Richard Lisi			Treasurer Name Vella Lisi		
Street Address 29 Norton Avenue			Street Address 29 Norton Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
			1000	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: _____
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.

Richard Lisi January 18, 2016
Signature of Authorized Representative Date
RICHARD LISI

Print or Type Name of Authorized Representative

FILED

JAN 21 2016

HL 6701