State of Rhode Island
and Providence Plantations
Office of the Secretary of State

Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

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.	2. Name of Corporation
69145	R.D. Angell Masonry Co., Inc.

3. Street Address Principal Business Office	City	State	Zip
91 Baird Avenue	N. Providence	RI	02904

4. Business Phone No.	5. State of Incorporation
(401)722-6660	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
General construction, masonry and conrete.

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Frank Marini					
Street Address			Street Address		
91 Baird Avenue					
City	State	Zip	City	State	Zip
N. Providence	RI	02904			
Secretary Name			Treasurer Name		
Frank Marini			Frank Marini		
Street Address			Street Address		
91 Baird Avenue			91 Baird Avenue		
City	State	Zip	City	State	Zip
N. Providence	RI	02904	N. Providence	RI	02904

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

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: *("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.

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

ISSUED SHARES – THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
50 shares common stock of 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 21 2016

KL 18466

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 _____ Date 1/18/16

Frank Marini
Print or Type Name

President
Title

File Date _____

Check No. _____

By: _____

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131409-82-1101573