



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. 846683		2. Exact name of the Corporation STEPHEN JARZOMBEK, INC.			
3. Principal office address 132 OLD RIVER ROAD, SUITE 205			City LINCOLN	State RI	Zip 02865
4. Business Phone No. 401-333-6300			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island GENERAL CONTRACTING AND ENGINEERING					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name STEPHEN JARZOMBEK			Vice-President Name BARBARA JARZOMBEK		
Street Address 174 DIAMOND HILL ROAD			Street Address 174 DIAMOND HILL ROAD		
City ASHAWAY	State RI	Zip 02804	City ASHAWAY	State RI	Zip 02804
Secretary Name BARBARA JARZOMBEK			Treasurer Name STEPHEN JARZOMBEK		
Street Address 174 DIAMOND HILL ROAD			Street Address 174 DIAMOND HILL ROAD		
City ASHAWAY	State RI	Zip 02804	City ASHAWAY	State RI	Zip 02804
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name STEPHEN JARZOMBEK			Director Name BARBARA JARZOMBEK		
Street Address 174 DIAMOND HILL ROAD			Street Address 174 DIAMOND HILL ROAD		
City ASHAWAY	State RI	Zip 02804	City ASHAWAY	State RI	Zip 02804
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

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.

Stephen Jarzombek 1/18/16
 Signature of Authorized Representative Date

STEPHEN JARZOMBEK, PRESIDENT

Print or Type Name of Authorized Representative

FILED

JAN 21 2016

BY *HL 1003*