



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. 19473		2. Exact name of the Corporation E. F. O'DONNELL & SONS CO.			
3. Principal office address 75 Dike Street		City Providence	State RI	Zip 02909	
4. Business Phone No. (401) 351-8505		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island GENERAL PAINTING, REFINISHING AND DECORATING WORK OF ALL KINDS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Robert E. O'Donnell			Vice-President Name Judith K. O'Donnell		
Street Address 75 Dike Street			Street Address 75 Dike Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name Judith K. O'Donnell			Treasurer Name Robert E. O'Donnell		
Street Address 75 Dike Street			Street Address 75 Dike Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
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.					

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 *oz*

JAN 22 2016

BY 40140

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

Robert E. O'Donnell

Print or Type Name of Authorized Representative

1-29-16