

## 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.

1. Entity ID No. 74631	2. Exact par	LURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.  2. Exact name of the Corporation Warzycha Construction Company, Inc.				
3. Principal office address 51 Enfield Street			City Pawtucket	State RI	Zip <b>02861</b>	
4. Business Phone No. <b>401-639-1675</b>			5. State of Incorporation Rhode Island			
5. Brief description of the char To erect, build, const	racter of business ruct and dev	s conducted in Rhode Island elop residential hous	ing, commerical b	uildings or any oth	er structures	
7. LIST <u>ALL</u> OFFICERS (NA	MES AND ADDR	ESSES) ("X" BOX FOR A	FTACHMENT)			
President Name Joseph W. Warzycha, Jr.			Vice-President Name Joseph W. Warzycha, Jr.			
Street Address 51 Enfield Street			Street Address 51 Enfield Street			
City Pawtucket	State RI	Zip <b>02861</b>	City Pawtucket	State <b>RI</b>	Zip <b>02861</b>	
Secretary Name Lorraine C. Slaney			Treasurer Name Joseph W. Warzycha, Jr.			
Street Address 222 Chestnut Street			Street Address 51 Enfield Street			
City Providence	State RI	Zip <b>02903</b>	City Pawtucket	State RI	Zip <b>02861</b>	
3. LIST <u>ALL</u> DIRECTORS (N	AMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)			
Director Name Joseph W. Warzycha,	Jr.		Director Name			
Street Address 51 Enfield Street			Street Address			
<sup>City</sup> Pawtucket	State RI	Zip <b>02861</b>	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
SHARES AUTHORIZED			10. SHARES ISSUED	("X" BOX FOR ATTACH	IMENT)	
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
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.			600	Common	No Par	
This report must be executed	d on behalf of the	corporation by an authorize	ed representative. If the of the corporation by the re	corporation is in the hands eceiver or trustee.	s of a receiver or trustee,	
File Date JAN <b>2 4</b> 2016			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.			
Check No					01/14/2016	
Ву:	В	, KL12884		zed Representative	Date	
FOR SECRETARY OF STATE USE ONLY			Lorraine C. Slaney			
			Print or Type Name of Authorized Representative			

Form No. 630 Revised: 01/2012