



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.<br><b>9902</b>  |                    | 2. Exact name of the Corporation<br><b>August W Mende Inc.</b> |   |                     |                     |
| 3. Principal office address<br><b>235 Chalkstone Avenue</b>  |                    | City<br><b>Providence</b>                                      | State<br><b>RI</b>  | Zip<br><b>02908</b> |                     |
| 4. Business Phone No.<br><b>401-331-5484</b>   |                    | 5. State of Incorporation<br><b>Rhode Island</b>               |   |                     |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>General woodworking</b>  |                    |  |   |                     |                     |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>   |                    |  |   |                     |                     |
| President Name<br><b>Shirley V Mende</b>   |                    |  | Vice-President Name<br><b>Robert H Mende</b>                        |                     |                     |
| Street Address<br><b>12 Bigelow Rd</b>   |                    |  | Street Address<br><b>12 Bigelow Rd</b>                              |                     |                     |
| City<br><b>Johnston</b>  | State<br><b>RI</b> | Zip<br><b>02919</b>  | City<br><b>Johnston</b>   | State<br><b>RI</b>  | Zip<br><b>02919</b> |
| Secretary Name<br><b>Robert H Mende</b>  |                    |  | Treasurer Name<br><b>Robert H Mende</b>                             |                     |                     |
| Street Address<br><b>12 Bigelow Rd</b>   |                    |  | Street Address<br><b>12 Bigelow Rd</b>                              |                     |                     |
| City<br><b>Johnston</b>  | State<br><b>RI</b> | Zip<br><b>02919</b>  | City<br><b>Johnston</b>   | State<br><b>RI</b>  | Zip<br><b>02919</b> |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |                    |  |   |                     |                     |
| Director Name<br><b>Robert H Mende</b>   |                    |  | Director Name<br><b>Shirley V Mende</b>                             |                     |                     |
| Street Address<br><b>12 Bigelow Rd</b>   |                    |  | Street Address<br><b>12 Bigelow Rd</b>                              |                     |                     |
| City<br><b>Johnston</b>  | State<br><b>RI</b> | Zip<br><b>02919</b>  | City<br><b>Johnston</b>   | State<br><b>RI</b>  | Zip<br><b>02919</b> |
| Director Name<br><b>Susan Pagliaro</b>   |                    |  | Director Name<br><b>No others</b>                                   |                     |                     |
| Street Address<br><b>22 Mowry Avenue</b>   |                    |  | Street Address  |                     |                     |
| City<br><b>Johnston</b>  | State<br><b>RI</b> | Zip<br><b>02919</b>  | 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           |
|  |                    |  | <b>165</b>  | <b>Common</b>       | <b>none</b>         |

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**

**JAN 29 2016**

**KL 17795**

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.

*Robert H Mende*  
Signature of Authorized Representative Date **1-22-16**

**Robert H Mende**

Print or Type Name of Authorized Representative