



**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. <b>45709</b>		2. Exact name of the Corporation <b>Robert A. Randall, Sheet Metal Work, Inc.</b>				
3. Principal office address <b>493 Middle Road</b>		12 Bonney St Newport RI - SHOP		City <b>Portsmouth</b>	State <b>R.I.</b>	Zip <b>02871</b>
4. Business Phone No. <b>401-847-3118(Shop) (Office) 401-683-7784</b>			5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Sheet Metal Work</b>						
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>						
President Name <b>Peter Edward Randall</b>			Vice-President Name <b>Daniel John Randall</b>			
Street Address <b>117 Old Fort Road</b>			Street Address <b>801 Forest Park</b>			
City <b>Newport</b>	State <b>R.I.</b>	Zip <b>02840</b>	City <b>Middletown</b>	State <b>R.I.</b>	Zip <b>02842</b>	
Secretary Name <b>Daniel John Randall</b>			Treasurer Name <b>Peter Edward Randall</b>			
Street Address <b>801 Forest Park</b>			Street Address <b>117 Old Fort Road</b>			
City <b>Middletown</b>	State <b>R.I.</b>	Zip <b>02842</b>	City <b>Newport</b>	State <b>R.I.</b>	Zip <b>02840</b>	
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>						
Director Name <b>Peter Edward Randall</b>			Director Name <b>Daniel John Randall</b>			
Street Address <b>117 Old Fort Road</b>			Street Address <b>801 Forest Park</b>			
City <b>Newport</b>	State <b>R.I.</b>	Zip <b>02840</b>	City <b>Middletown</b>	State <b>R.I.</b>	Zip <b>02842</b>	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <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	
			500	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.

FPA 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.

*Peter E. Randall* 1/28/16  
 Signature of Authorized Representative Date

**Peter Edward Randall**  
 Print or Type Name of Authorized Representative

**FILED**

FEB 01 2016

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