



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. 792611		2. Exact name of the Corporation FLODELL BUILDERS, INC.			
3. Principal office address 175 West Main Street, Suite 8-3A		City Millbury		State MA	Zip 01527
4. Business Phone No. 774-276-0177		5. State of Incorporation Massachusetts			
6. Brief description of the character of business conducted in Rhode Island Construction, remodeling and renovations					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Ronald K. Floser, Jr.		Vice-President Name Kim M. Floser			
Street Address 14 Coldbrook Road		Street Address 14 Coldbrook Road			
City Millbury	State MA	Zip 01527	City Millbury	State MA	Zip 01527
Secretary Name Ronald K. Floser, Jr.		Treasurer Name Kim M. Floser			
Street Address 14 Coldbrook Road		Street Address 14 Coldbrook Road			
City Millbury	State MA	Zip 01527	City Millbury	State MA	Zip 01527
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Ronald K. Floser, Jr.		Director Name			
Street Address 14 Coldbrook Road		Street Address			
City Millbury	State MA	Zip 01527	City	State	Zip
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	
		600	Common	No par value	

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

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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

Ronald K Floser, Jr.

Print or Type Name of Authorized Representative