

## 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.

| . Entity ID No.   | 2. Exact nan          | 2. Exact name of the Corporation                            |  |   |                             |  |
|---|-----------------------|---|--|---|-----------------------------|--|
| 132998  | Pinto C               | Pinto Construction  |  |   |                             |  |
| l. Principal office address  436 Smithfield Avenue  |                       |   | City<br>Pawtucket                                  | State<br>RI   | Zip<br><b>02860</b>         |  |
| 4. Business Phone No.   |                       |   | 5. State of Incorporation  Rhode Island            |   |                             |  |
| 6. Brief description of the cl  | haracter of business  | conducted in Rhode Island                                   |  | rain  |                             |  |
| Asphalt, paving, sn   | nail building co      | nstruction, allied tas                                      | ks associated the                                  | rem.  |                             |  |
| LIST ALL OFFICERS (N  | NAMES AND ADDR        | ESSES) ("X" BOX FOR AT                                      | TACHMENT)  |   |                             |  |
| President Name Antonio F. Pinto   |                       |   | Vice-President Name Susan M. Pinto                 |   |                             |  |
| Street Address<br>436 Smithfield Ave  | nue                   |   | Street Address 436 Smithfield                      | <u>.                                  </u>            |                             |  |
| Dity<br>Pawtucket   | State<br><b>RI</b>    | Zip<br><b>02860</b>   | City<br>Pawtucket                                  | State<br><b>RI</b>                                    | <sup>Zip</sup> <b>02860</b> |  |
| Secretary Name Susan M. Pinto   |                       |   | Treasurer Name Susan M. Pinto                      |   |                             |  |
| Street Address 436 Smithfield Avenue  |                       |   | Street Address 436 Smithfield Avenue               |   |                             |  |
| City<br><b>Pawtucket</b>  | State<br><b>RI</b>    | Zip<br><b>02860</b>   | Pawtucket State RI                                 |   | Zip<br><b>02860</b>         |  |
| LIST <u>ALL</u> DIRECTORS   | (NAMES AND ADD        | RESSES) ("X" BOX FOR  |  |   |                             |  |
| Director Name Antonio F. Pinto  |                       |   | Director Name Susan M. Pinto                       |   |                             |  |
| Street Address 436 Smithfield Avenue  |                       |   | Street Address 436 Smithfield Avenue               |   |                             |  |
| City<br>Pawtucket   | State RI              | Zip<br><b>02860</b>   | City Pawtucket                                     | State<br>RI   | Zip<br><b>02860</b>         |  |
| Director Name Antonio F. Pinto  |                       |   | Director Name Susan M. Pinto                       |   |                             |  |
| Street Address 436 Smithfield Avenue  |                       |   | Street Address 436 Smithfield Avenue               |   |                             |  |
| City<br>Pawtucket   | State<br>RI           | Zip<br><b>02860</b>   | City Pawtucket                                     | State<br><b>RI</b>                                    | Zip<br><b>02860</b>         |  |
| 9. SHARES AUTHORIZED  |                       |   | <del></del>  | ("X" BOX FOR ATTACH                                   |                             |  |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filling. See Section 9 of instruction sheet. |                       |   | 1,000  | CLASS/SERIES  Common                                  | No par value                |  |
|   | ited on behalf of the | corporation by an authorize<br>ist be executed on behalf of | ed representative. If the the corporation by the r | corporation is in the hands                           | s of a receiver or trustee  |  |
| File Date   |                       | at the expected on bending                                  | Under penalty of p<br>this report, includi         | erjury, I declare and affili<br>ng any accompanying s | chedules and stateme        |  |
| Check No  |                       | FILED   | and that all statem                                | ents contained herein at                              | /-16 - /6                   |  |
| Ву:   |                       | ·   | •  | ized Representative                                   | Date                        |  |
| FOR SECRETARY OF S  |                       | FEB 0 1 201   |  | of Authorized Representa                              | ative                       |  |
| orm No. 630<br>evised: 01/2012  | ורי                   | ·KL1045   | 08   |   |                             |  |