



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. 74607		2. Exact name of the Corporation Progress Development Corp.			
3. Principal office address 32 Goff Avenue		City Pawtucket	State RI	Zip 02860	
4. Business Phone No. 723-4520		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Promoting, sponsoring, constructing, rehabilitating and renovating low income housing.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Vincent S. Ceglie			Vice-President Name None		
Street Address 32 Goff Avenue			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name Antonio Pires			Treasurer Name Claire Walker		
Street Address 32 Goff Avenue			Street Address 32 Goff Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name James Hoyt			Director Name Al Montijo		
Street Address 32 Goff Avenue			Street Address 32 Goff Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Director Name [REDACTED]			Director Name Virginia Plourde		
Street Address [REDACTED]			Street Address 32 Goff Avenue		
City [REDACTED]	State [REDACTED]	Zip [REDACTED]	City Pawtucket	State RI	Zip 02860
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
			100	Common	\$1.00 par

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SECRETARY OF STATE
CORPORATIONS DIV
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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: _____

FILED

FOR SECRETARY OF STATE USE ONLY

FEB 03 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.

Signature of Authorized Representative

Date

Vincent S. Ceglie

Print or Type Name of Authorized Representative

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