



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 59743		2. Name of Corporation SPOSATO'S MASONRY, INC.			
3. Street Address Principal Business Office 165 WINNAPAUG ROAD			City WESTERLY	State RI	Zip 02891
4. Business Phone No. 401-348-8530		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island MASONRY & TILE INSTALLATION					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ENRICO SPOSATO			Vice President Name MASSIMO SPOSATO		
Street Address 165 WINNAPAUG ROAD			Street Address 165 WINNAPAUG ROAD		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
Secretary Name GRAZIA SPOSATO			Treasurer Name ENRICO SPOSATO		
Street Address 165 WINNAPAUG ROAD			Street Address 165 WINNAPAUG ROAD		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ERICO SPOSATO			Director Name MASSIMO SPOSATO		
Street Address 165 WINNAPAUG ROAD			Street Address 165 WINNAPAUG ROAD		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
Director Name GRAZIA SPOSATO			Director Name		
Street Address 165 WINNAPAUG ROAD			Street Address		
City WESTERLY	State RI	Zip 02891	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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 1000	Class/Series COMMON	Par Value 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.

FILED

FEB 03 2016
KL 9235

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.

Enrico Sposato
Signature _____ Date _____

ENRICO SPOSATO

Print or Type Name

PRESIDENT

Title

File Date _____

Check No. _____

By: _____

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