



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. 32652		2. Exact name of the Corporation R.A. DeCesare Builders, Inc.					
3. Principal office address 93 Lake Drive		City Chepachet	State RI	Zip 02814			
4. Business Phone No. 401-525-6325		5. State of Incorporation Rhode Island					
6. Brief description of the character of business conducted in Rhode Island Real estate sales and residential & commercial construction							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>							
President Name Roland DeCesare			Vice-President Name None				
Street Address 93 Lake Drive			Street Address				
City Chepachet	State RI	Zip 02814	City	State	Zip		
Secretary Name None			Treasurer Name None				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name None			Director Name None				
Street Address			Street Address				
City	State	Zip	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		
			NONE				

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: _____

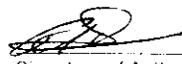
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FILED

FEB 04 2016

BY KL16706

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 1/10/16

Roland DeCesare
 Print or Type Name of Authorized Representative _____