

## 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

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. Eritity ID No. 124819		ne of the Corporation Iillo & Sons, Inc.			
3. Principal office address 1587 Plainfield Pike 4. Business Phone No.			City Johnston	State RI	Zip <b>02919</b>
			5. State of Incorporation Rhode Island		
		s conducted in Rhode Islan s and any other lawf			
Transfer of the contract of th	March Salar Salar	egagine's him form	7.ละที่ยที่ลัก เก็ร		
President Name Robert D. Cardillo			Vice-President Name Robert N. Cardillo		
Street Address 206 Shun Pike			Street Address 206 Shun Pike		
City Johnston	State RI	Zip <b>02919</b>	City <b>Johnston</b>	State RI	Zip <b>02919</b>
ecretary Name Robert D. Cardillo			Treasurer Name Robert D. Cardillo		
Street Address 206 Shun Pike			Street Address 206 Shun Pike		
ity Johnston	State RI	Zip <b>02919</b>	City State RI		Zip <b>02919</b>
CSTAN OFFICE	NAMES AND ADD	RESSES) (#XX BOX FOR	ATTACHMENT)	A Contract words, Service Strains, No.	Michael Mag
irector Name Robert D. Cardillo			Director Name Robert N. Card	illo	
Street Address <b>206 Shun Pike</b>			Street Address 206 Shun Pike		
ity Johnston	State RI	Zip <b>02919</b>	City Johnston	State RI	Zip <b>02919</b>
Pirector Name	•		Director Name		
Street Address			Street Address		
Dity	State	Zip	City	State	Zip
SHARESAUTHORIZE			TO SHARES ISSUE	NEXT BOX FOR ATTACH	IMENT)
his information is currently of record in the Office of the Secretary f State. Changes require an additional filling. ee Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			500	Common	No Par

eport must be executed on behalf of the corporation by the receiver or trustee.

FILED Signature of Authorized Representative

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.

Robert D. Cardillo

Form No. 630 Revised: 01/2012 FEB 1 0 2016 BY KL 8273

Print or Type Name of Authorized Representative