



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. 82289		2. Exact name of the Corporation Polisena Construction, Inc.			
3. Principal office address 47 Cedar Swamp Road, Unit 6&7			City Smithfield	State RI	Zip 02917
4. Business Phone No. 401-231-1355		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Construction					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Vincent J. Polisena			Vice-President Name Vincent J. Polisena		
Street Address 47 Cedar Swamp Road, Unit 6&7			Street Address 47 Cedar Swamp Road, Unit 6&7		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name David Casali			Treasurer Name Vincent J. Polisena		
Street Address 8 Gardner Avenue			Street Address 47 Cedar Swamp Road, Unit 6&7		
City North Providence	State RI	Zip 02911	City Smithfield	State RI	Zip 02917
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Vincent J. Polisena			Director Name		
Street Address 47 Cedar Swamp Road, Unit 6&7			Street Address		
City Smithfield	State RI	Zip 02917	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
			500	Common	NO PAR

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: _____
FOR SECRETARY OF STATE USE ONLY

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]
 Signature of Authorized Representative
 1/27/16
 Date

FILED

Print or Type Name of Authorized Representative

FEB 10 2016

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