



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. <b>146947</b>		2. Exact name of the Corporation <b>SUMMIT CONSTRUCTION, INC.</b>			
3. Principal office address <b>10 PARTITION STREET B11</b>		City <b>WARWICK</b>		State <b>RI</b>	Zip <b>02888</b>
4. Business Phone No. <b>401-263-7245</b>		5. State of Incorporation <b>RHODE ISLAND</b>			
6. Brief description of the character of business conducted in Rhode Island <b>TO PERFORM DUTIES OF A GENERAL CONTRACTOR FOR COMMERCIAL AND RESIDENTIAL PROPERTIES</b>					
7. PRESIDENT (X) VICE PRESIDENT ( ) <input checked="" type="checkbox"/> BOX FOR ATTACHMENT <input type="checkbox"/>					
President Name <b>PETER LAZZARINO</b>			Vice-President Name		
Street Address <b>10 PARTITION STREET B11</b>			Street Address		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02888</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. DIRECTOR (X) VICE PRESIDENT ( ) <input checked="" type="checkbox"/> BOX FOR ATTACHMENT <input type="checkbox"/>					
Director Name <b>PETER LAZZARINO</b>			Director Name		
Street Address <b>10 PARTITION STREET</b>			Street Address		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02888</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
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.			10. SHARES ISSUED (X) BOX FOR ATTACHMENT <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			300	COMMON	0.00

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.

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.

*Peter Lazzarino* 01/30/2016  
Signature of Authorized Representative Date  
**PETER LAZZARINO - PRESIDENT**  
Print or Type Name of Authorized Representative

FILED

FEB 11 2016

KL 2184