



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. 14386		2. Exact name of the Corporation NATIONAL LUMBER & BUILDING MATERIALS CO.			
3. Principal office address 81 Troy Avenue		City Providence	State RI	Zip 02909	
4. Business Phone No. 401-351-3500		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Own, rent, manage and otherwise deal in real estate.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Louis S. Gautieri, Jr.			Vice-President Name Janet Lee Gautieri		
Street Address 81 Troy Avenue			Street Address 81 Troy Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name Janet Lee Gautieri			Treasurer Name Louis S. Gautieri, Jr.		
Street Address 81 Troy Street			Street Address 81 Troy Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Louis S. Gautieri, Jr.			Director Name Janet Lee Gautieri		
Street Address 81 Troy Street			Street Address 81 Troy Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					
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 600		CLASS/SERIES Common		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: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

FEB 11 2016

RY KL10353

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.

Janet Lee Gautieri 1/20/16
Signature of Authorized Representative Date

Louis S. Gautieri, Jr., President

Print or Type Name of Authorized Representative