



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. 8101		2. Exact name of the Corporation P.I.C. Contractors, Inc.			
3. Principal office address 145 Corliss Street		City Providence	State RI	Zip 02904	
4. Business Phone No. 401-421-8090		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Applied Insulation					
7. OFFICERS					
President Name Lois G. Gregson			Vice-President Name Mark C. Gregson		
Street Address 150 Liverpool Street			Street Address 65 Main Avenue		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Lois G. Gregson			Treasurer Name Lois G. Gregson		
Street Address 150 Liverpool Street			Street Address 150 Liverpool Street		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
Director Name Mark C. Gregson			Director Name None		
Street Address 65 Main Avenue			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Director Name None			Director Name None		
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	CLASS/SERIES	PAR VALUE
			200	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: FILED
Check No: FEB 16 2016
By: 004677
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.

Lois G. Gregson 2/11/2016
Signature of Authorized Representative Date
Lois G. Gregson
Print or Type Name of Authorized Representative