



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						
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) <input type="checkbox"/>						
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) <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
				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: [Signature]
 FOR SECRETARY OF STATE USE ONLY 004671

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