



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. 122901		2. Exact name of the Corporation A. Walecka & Son, Inc.			
3. Principal office address 2375 Cranberry Highway		City W. Wareham	State MA	Zip 02576	
4. Business Phone No. 508-295-5952		5. State of Incorporation MASSACHUSETTS			
6. Brief description of the character of business conducted in Rhode Island TRANSPORTATION, MOVING & PACKING OF HOUSEHOLD AND OTHER GOODS FROM ONE POINT OF RI TO ANOTHER POINT IN RI					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Brian N. Walecka			Vice-President Name Brett M. Walecka		
Street Address 258 Bramblebush Road			Street Address 19 Millers Lane		
City Stoughton	State MA	Zip 02072	City Hanover	State MA	Zip 02339
Secretary Name Daniel A. Walecka			Treasurer Name Kenneth P. Walecka		
Street Address 11 Snap Weed Lane			Street Address 13 Fairway Drive		
City Acushnet	State MA	Zip 02743	City Acushnet	State MA	Zip 02743
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Brian N. Walecka			Director Name Brett M. Walecka		
Street Address 258 Bramblebush Road			Street Address 19 Millers Lane		
City Stoughton	State MA	Zip 02072	City Hanover	State MA	Zip 02339
Director Name Daniel A. Walecka			Director Name Kenneth P. Walecka		
Street Address 11 Snap Weed Lane			Street Address 13 Fairway Drive		
City Acushnet	State MA	Zip 02743	City Acushnet	State MA	Zip 02743
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
			1200	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 of Authorized Representative

Date

Brian N. Walecka

Print or Type Name of Authorized Representative

FILED

FEB 16 2016

BY

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