



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. 38065		2. Exact name of the Corporation Giorgio S. Gencarelli & Sons, Inc.		
3. Principal office address 43 Trolley Land		City Westerly	State RI	Zip 02891
4. Business Phone No. 401-596-2319		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Masonry Contractor				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)				
President Name Giorgio S. Gencarelli		Vice-President Name MARIA GENCARELLI		
Street Address 43 Trolley Lane		Street Address 43 TROLLEY LANE		
City Westerly	State RI	Zip 06379	City WESTERLY	State RI
Secretary Name Maria Gencarelli		Treasurer Name GIORGIO S. GENCARELLI		
Street Address 43 Trolley Lane		Street Address 43 TROLLEY LANE		
City Westerly	State RI	Zip 02891	City WESTERLY	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
		400	none	no par value

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.

Giorgio S. Gencarelli 1/26/16
Signature of Authorized Representative Date

GIORGIO S. GENCARELLI
Print or Type Name of Authorized Representative

FILED
FEB 18 2016
KL 1519
RV