



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.<br><b>7045</b>  |                    | 2. Exact name of the Corporation<br><b>FORTUNE 500, INC.</b> |  |                    |                     |
| 3. Principal office address<br><b>P.O. Box 7537</b>  |                    |  | City<br><b>Warwick</b>                         | State<br><b>RI</b> | Zip<br><b>02887</b> |
| 4. Business Phone No.<br><b>4017399100</b>   |                    | 5. State of Incorporation<br><b>Rhode Island</b>             |  |                    |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>Building, Developing, Selling and Leasing of Real Estate</b>             |                    |  |  |                    |                     |
| President Name<br><b>John B Giusti</b>   |                    |  | Vice-President Name<br><b>Jeffrey Giusti</b>   |                    |                     |
| Street Address<br><b>505 Red Chimney Drive</b>   |                    |  | Street Address<br><b>39 Chase Street</b>       |                    |                     |
| City<br><b>Warwick</b>   | State<br><b>RI</b> | Zip<br><b>02886</b>  | City<br><b>Warwick</b>                         | State<br><b>RI</b> | Zip<br><b>02818</b> |
| Secretary Name<br><b>John B. Giusti</b>  |                    |  | Treasurer Name<br><b>John B. Giusti</b>        |                    |                     |
| Street Address<br><b>505 Red Chimney Drive</b>   |                    |  | Street Address<br><b>505 Red Chimney Drive</b> |                    |                     |
| City<br><b>Warwick</b>   | State<br><b>RI</b> | Zip<br><b>02886</b>  | City<br><b>Warwick</b>                         | State<br><b>RI</b> | Zip<br><b>02886</b> |
| 7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |                    |  |  |                    |                     |
| Director Name  |                    |  | Director Name                                  |                    |                     |
| Street Address   |                    |  | Street Address                                 |                    |                     |
| City   | State              | Zip  | City   | State              | Zip                 |
| Director Name  |                    |  | Director Name                                  |                    |                     |
| Street Address   |                    |  | Street Address                                 |                    |                     |
| City   | State              | Zip  | City   | State              | Zip                 |
| 8. 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           |
|  |                    |  | 100  | 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.

**FILED**

FEB 22 2016

*John B. Giusti* 1-6-16  
 Signature of Authorized Representative Date

John B. Giusti

Print or Type Name of Authorized Representative

By KL 500