



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. <b>76954</b>		2. Exact name of the Corporation <b>MICHAEL D. CORRADO, INC.</b>		
3. Principal office address <b>2399 PAWTUCKET AVENUE</b>		City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>
4. Business Phone No.		5. State of Incorporation <b>RHODE ISLAND</b>		
6. Brief description of the character of business conducted in Rhode Island <b>BUSINESS CONSULTING</b>				
7. LIST ALL ADDRESSES ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <b>MICHAEL D. CORRADO</b>		Vice-President Name <b>SAME</b>		
Street Address <b>2399 PAWTUCKET AVENUE</b>		Street Address		
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>	City	State Zip
Secretary Name <b>SAME</b>		Treasurer Name <b>SAME</b>		
Street Address		Street Address		
City	State	Zip	City	State Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name <b>MICHAEL D. CORRADO</b>		Director Name		
Street Address <b>2399 PAWTUCKET AVENUE</b>		Street Address		
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>	City	State Zip
Director Name		Director Name		
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
		100	COMMON	NPV

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

Form No. 630  
 Revised: 01/2012

FILED  
 FEB 22 2016  
 RV KL 9649

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.

*Michael D. Corrado* 2/19/16  
 Signature of Authorized Representative Date

**MICHAEL D. CORRADO**  
 Print or Type Name of Authorized Representative