



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. 164162		2. Exact name of the Corporation PLEASANT RENTALS, SALES & CONSTRUCTION, INC.			
3. Principal office address 658 PLEASANT STREET		City FALL RIVER	State MA	Zip 02721	
4. Business Phone No. 508-676-3962		5. State of Incorporation MASSACHUSETTS			
6. Brief description of the character of business conducted in Rhode Island ROAD AND DRAINAGE CONSTRUCTION					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name MARCELLO LOURO		Vice-President Name JAIME ANTONIO			
Street Address 658 PLEASANT STREET		Street Address 658 PLEASANT STREET			
City FALL RIVER	State MA	Zip 02721	City FALL RIVER	State MA	Zip 02721
Secretary Name MICHAEL LOURO		Treasurer Name JAIME ANTONIO			
Street Address 658 PLEASANT STREET		Street Address 658 PLEASANT STREET			
City FALL RIVER	State MA	Zip 02721	City FALL RIVER	State MA	Zip 02721
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name ALEX LOURO		Director Name DANIEL ANTONIO			
Street Address 658 PLEASANT STREET		Street Address 658 PLEASANT STREET			
City FALL RIVER	State MA	Zip 02721	City FALL RIVER	State MA	Zip 02721
Director Name JAIME ANTONIO		Director Name MARCELLO LOURO			
Street Address 658 PLEASANT STREET		Street Address 658 PLEASANT STREET			
City FALL RIVER	State MA	Zip 02721	City FALL RIVER	State MA	Zip 02721
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	
		300	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

FILED

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

MARCELLO LOURO, PRESIDENT

Print or Type Name of Authorized Representative

FEB 23 2016

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