



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. <u>33652</u>		2. Exact name of the Corporation <u>ANGELO PADULA + SON INC.</u>			
3. Principal office address <u>2 CANNA ST.</u>		City <u>WEST WARWICK</u>	State <u>RI</u>	Zip <u>02893</u>	
4. Business Phone No. <u>401-822-3100</u>		5. State of Incorporation <u>RI</u>			
6. Brief description of the character of business conducted in Rhode Island <u>JUNKYARD + SALVAGE YARD BUSINESS, SALE OF AUTO PARTS, USED CARS + TRUCKS MECHANICAL WORK</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>ANGELO A. PADULA JR.</u>			Vice-President Name <u>FRANCES R. PADULA</u>		
Street Address <u>554 WAKEFIELD ST.</u>			Street Address <u>26 CROSSLAND RD.</u>		
City <u>W.W.</u>	State <u>RI</u>	Zip <u>02893</u>	City <u>W.W.</u>	State <u>RI</u>	Zip <u>02893</u>
Secretary Name <u>FRANCES R. PADULA</u>			Treasurer Name <u>ANGELO A. PADULA JR.</u>		
Street Address <u>26 CROSSLAND RD.</u>			Street Address <u>554 WAKEFIELD ST.</u>		
City <u>W.W.</u>	State <u>RI</u>	Zip <u>02893</u>	City <u>W.W.</u>	State <u>RI</u>	Zip <u>02893</u>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <u>None</u>			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
9. SHARES AUTHORIZED <u>4000 COMM NO PAR VALUE</u>			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 <u>0</u>	CLASS/SERIES <u>4000 COMM NO PAR VALUE</u>	PAR VALUE <u>0</u>

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**

FEB 26 2016

Form No. 630  
Revised: 01/2012

BY 1660 DS

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

Print or Type Name of Authorized Representative