



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. 154562		2. Exact name of the Corporation P. MANDARINI CONSTRUCTION & DEVELOPMENT GROUP INC.								
3. Principal office address 65 STONEY BROOK DR		City CRANSTON	State RI	Zip 02920						
4. Business Phone No.		5. State of Incorporation RHODE ISLAND								
6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION AND DEVELOPMENT										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name PAUL MANDARINI			Vice-President Name RICHARD MANDARINI							
Street Address 65 STONEY BROOK DR			Street Address 65 STONEY BROOK DR							
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920					
Secretary Name PAUL MANDARINI			Treasurer Name RICHARD MANDARINI							
Street Address 65 STONEY BROOK DR			Street Address 65 STONEY BROOK DR							
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name PAUL MANDARINI			Director Name RICHARD MANDARINI							
Street Address 65 STONEY BROOK DR			Street Address 65 STONEY BROOK DR							
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920					
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	\$0.01		

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

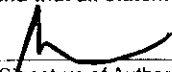
Form No. 630
Revised: 01/2012

FILED

FEB 29 2016

KL61809

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 **2/26/16**

PAUL MANDARINI
Print or Type Name of Authorized Representative