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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.	2. Exact name of the Corporation			
5255	Faella Investment Inc.			
3. Principal office address		City	State	Zip
288 Cranston ST		Providence	RI	02907
4. Business Phone No.		5. State of Incorporation		
401 331-7830		Rhode Island		
6. Brief description of the character of business conducted in Rhode Island				
Real Estate				

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
John Faella Jr			Joseph Faella		
Street Address			Street Address		
21 Beechwood Dr			35 Lauren CT		
City	State	Zip	City	State	Zip
Cranston	RI	02921	Cranston	RI	02921
Secretary Name			Treasurer Name		
Same			Same		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

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

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CORPORATIONS DIV

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	300	Com	No par value

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.

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.

John Faella 3-2-16
Signature of Authorized Representative Date

John Faella Jr
Print or Type Name of Authorized Representative

File Date
Check No FILED
By:
FOR SECRETARY OF STATE USE ONLY MAR 02 2016

Form No. 630
Revised: 01/2012
133337-2-1114611

BY CR269106