



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. 5270		2. Exact name of the Corporation Fagenson & Co., Inc.			
3. Principal office address 477 Madison Avenue - Suite 540			City New York	State NY	Zip 10022
4. Business Phone No. 212-847-3234			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Robert B Fagenson			Vice-President Name Philip Pignato		
Street Address 477 Madison Avenue - Suite 540			Street Address 30 Bradford Avenue		
City New York	State NY	Zip 10022	City Rye	State NY	Zip 10580
Secretary Name			Treasurer Name		
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 Robert B Fagenson			Director Name Philip Pignato		
Street Address 477 Madison Avenue - Suite 540			Street Address 30 Bradford Avenue		
City New York	State NY	Zip 10022	City Rye	State NY	Zip 10580
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
			500	CWP	100

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: _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

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

FILED

MAR 09 2016
 469 DS

[Signature] 2/29/16
 Robert Fagenson

BY _____