



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 2015

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. 170686		2. Exact name of the Corporation Angell Bridge Incorporated			
3. Principal office address 69 Mathewson Road			City Barrington	State RI	Zip 02806
4. Business Phone No. 401-374			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Product Sales					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Chad Pastorius			Vice-President Name John Baldwin		
Street Address 69 Mathewson Road			Street Address 28 Gertrude Ave		
City Barrington	State RI	Zip 02806	City Rumford	State RI	Zip 02916
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			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			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
			10,000	STK	\$0.0100

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2016 MAR -9 AM 10:25

File Date: _____
 Check No: _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY BY **CU 269615**

FILED
MAR 09 2016

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: **Chad Pastorius** Date: **3/9/16**
 Print or Type Name of Authorized Representative: **Chad Pastorius**

10.26