



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. 160760		2. Exact name of the Corporation RST Sawcutting, Inc.								
3. Principal office address 1551 Centreville Road		City Warwick	State RI	Zip 02886						
4. Business Phone No. 821-3300		5. State of Incorporation RI								
6. Brief description of the character of business conducted in Rhode Island Saw cutting.										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name Robert S. Tedeschi			Vice-President Name Vacant							
Street Address 1209 Centreville Road			Street Address							
City Warwick	State RI	Zip 02886	City	State	Zip					
Secretary Name Robert S. Tedeschi			Treasurer Name Robert S. Tedeschi							
Street Address 1209 Centreville Road			Street Address 1209 Centreville Road							
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name Robert S. Tedeschi			Director Name							
Street Address 1209 Centreville Road			Street Address							
City Warwick	State RI	Zip 02886	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		
						100	Common	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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
 Revised: 01/2012

BY 1496 DS

FILED

MAR 10 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.

Robert S. Tedeschi 3/2/16
 Signature of Authorized Representative Date

Robert S. Tedeschi

Print or Type Name of Authorized Representative