



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. 96336		2. Exact name of the Corporation CASTRO AND SON CONSTRUCTION INC								
3. Principal office address 812 GREAT ROAD			City LINCOLN	State RI	Zip 02865					
4. Business Phone No. 401-334-1668			5. State of Incorporation RHODE ISLAND							
6. Brief description of the character of business conducted in Rhode Island ASPHALT AND CONCRETE CONSTRUCTION										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name IRENE L. CASTRO			Vice-President Name PHILIP CASTRO							
Street Address 812 GREAT ROAD			Street Address 812 GREAT ROAD							
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865					
Secretary Name PHILIP CASTRO			Treasurer Name LUCY CASTRO							
Street Address 812 GREAT ROAD			Street Address 812 GREAT ROAD							
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name SAME AS ABOVE			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		
						400	COMMON	NO PAR		

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: _____

FILED

MAR 16 2016

FOR SECRETARY OF STATE USE ONLY BY CA 4036

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] 03/15/2016
 Signature of Authorized Representative Date

PHILIP CASTRO
 Print or Type Name of Authorized Representative