



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. 375116		2. Exact name of the Corporation MELUCCI CONSTRUCTION INC.		
3. Principal office address 385 Rockland Road		City North Scituate	State RI	Zip 02857
4. Business Phone No. 647-5-6		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island residential and commercial construction services				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Michael Melucci		Vice-President Name n/a		
Street Address 385 Rockland Road		Street Address		
City North Scituate	State RI	Zip 02857	City	State Zip
Secretary Name Michael Melucci		Treasurer Name Michael Melucci		
Street Address 385 Rockland Road		Street Address 385 Rockland Road		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI Zip 02857
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Michael Melucci		Director Name		
Street Address 385 Rockland Road		Street Address		
City North Scituate	State RI	Zip 02857	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
		1	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 18 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.

Michael Melucci 2/22/16
 Signature of Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

Michael Melucci, President
 Print or Type Name of Authorized Representative

BY 2315