



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. 13883		2. Exact name of the Corporation EXECUTIVE INVESTMENTS, INC.			
3. Principal office address 118 Point Judith Road			City Narragansett	State RI	Zip 02882
4. Business Phone No. 401-783-9300			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Any and all lawful business.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Joseph G. Formicola, Jr.			Vice-President Name Joseph G. Formicola, Jr.		
Street Address 118 Point Judith Road			Street Address 118 Point Judith Road		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name Joseph G. Formicola, Jr.			Treasurer Name Joseph G. Formicola, Jr.		
Street Address 118 Point Judith Road			Street Address 118 Point Judith Road		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Joseph G. Formicola, Jr.			Director Name None		
Street Address 118 Point Judith Road			Street Address		
City Narragansett	State RI	Zip 02882	City	State	Zip
Director Name None			Director Name None		
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	
200		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. 530
Revised: 01/2012

FILED

MAR 21 2016

BY **KL 21503**

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.

Joseph G. Formicola, Jr.
Signature of Authorized Representative

02/09/2016
Date

Joseph G. Formicola, Jr.

Print or Type Name of Authorized Representative