

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

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. 001093380		2. Exact name of the Corporation A M B ENTERPRISES, INC.			
3. Principal office address 241 ALLEN STREET			City RANDOLPH	State MA	Zip 02368
4. Business Phone No. 781-885-2000			5. State of Incorporation MA		
6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION & REMODELING					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name MILOSZ BOCHENEK			Vice-President Name ANDRZEJ BOCHENEK		
Street Address 241 ALLEN STREET			Street Address 241 ALLEN STREET		
City RANDOLPH	State MA	Zip 02368	City RANDOLPH	State MA	Zip 02368
Secretary Name ANDRZEJ BOCHENEK			Treasurer Name MILOSZ BOCHENEK		
Street Address 241 ALLEN STREET			Street Address 241 ALLEN STREET		
City RANDOLPH	State MA	Zip 02368	City RANDOLPH	State MA	Zip 02368
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
Director Name MILOSZ BOCHENEK			Director Name		
Street Address 241 ALLEN STREET			Street Address		
City RANDOLPH	State MA	Zip 02368	City	State	Zip
Director Name ANDRZEJ BOCHENEK			Director Name		
Street Address 241 ALLEN STREET			Street Address		
City RANDOLPH	State MA	Zip 02368	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
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	CNP	0

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

FILED

MAR 25 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

Date

MILOSZ M. BOCHENEK

Print or Type Name of Authorized Representative