



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. 486007		2. Exact name of the Corporation Construction & Industrial Equipment Corp		
3. Principal office address 200 Route 17		City Wadi	State NJ	Zip 07644
4. Business Phone No. 201-245-6800		5. State of Incorporation New Jersey		
6. Brief description of the character of business conducted in Rhode Island Provide Parts and Service for Tractor Grinders				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name John D Moninger		Vice-President Name Donald W Kurza		
Street Address 37 Aspen Lane		Street Address 93 Souers Ave		
City West Milford	State NJ	Zip 07480	City Bergenfield	State NJ
Secretary Name		Treasurer Name John D Moninger		
Street Address		Street Address 37 Aspen Lane		
City	State	Zip	City West Milford	State NJ
				Zip 07480
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name		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
		100000		

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 31 2016

By **271518**

ICW

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.

Colleen Fernandes 3/31/16
Signature of Authorized Representative Date

Colleen Fernandes
Print or Type Name of Authorized Representative