

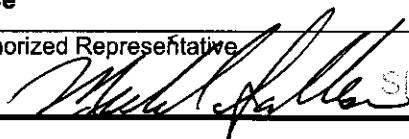


State of Rhode Island and Providence Plantations
Department of State - Business Services Division


Annual Report for the year: 2016

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 1340786		2. Exact name of the Corporation J. SALLESE & SONS, INC.			
3. Principal Office Address 5 CRESCENT AVENUE UNIT 12, WALNUT HILL PARK		City WOBURN		State MA	Zip 01801
4. Business Phone Number 781-246-3508		5. State of Incorporation MA			
6. Brief description of the character of business conducted in Rhode Island PROVIDES, INSTALLS AND REPAIRS COMMERCIAL LOCKERS, METAL STORAGE SHELVING, RESTROOM					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Michael Sallese			Vice-President Name		
Street Address 5 Crescent Ave Unit 12			Street Address		
City Woburn	State MA	Zip 01801	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		8			
11. 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. 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.					
Name of Authorized Representative Michael Sallese				Date 08.01.16	
Signature of Authorized Representative  SIGN DOCUMENT HERE					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED 
AUG 04 2016
BY 208076