

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.

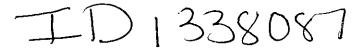
1. Entity ID Number	2. Exact name of	of the Corporation						
1338087	CORESLAB STRUCTURES (CONN) INC							
3. Principal Office Address	City State Zip							
1023 WATERBURY ROAD, PO BOX 279			THOMAS	TON	CT		06787	
4. Business Phone Number			5. State of Incorporation					
860-283-8281	CONNECTICUT							
6. Brief description of the character of business conducted in Rhode Island								
FURNISH AND INSTALL	PRECAST CO	NCRETE PANELS	3					
7. List ALL officers (names an	d addresses)			Chec	k the box to	indicate	an attachment 🗸	
President Name MARIO FRANCIOSA				Vice-President Name LEON H GRANT				
Street Address 332 JONES ROAD, UNIT 8				Street Address 1023 WATERBURY ROAD, PO BOX 279				
City STONEY CREEK	State ON	Zip L8E 5N2	City THOMASTON		State C		^{Zip} 06787	
Secretary Name FRANK FRANCIOSA			Treasurer Name FRANK FRANCIOSA					
Street Address 332 JONES ROAD, UNIT 8				Street Address 332 JONES ROAD, UNIT 8				
City STONEY CREEK	State ON	Zip L8E 5N2	City STON	City STONEY CREEK		ON Zip L8E		
8. List ALL directors (names and addresses)				Check the box to indicate an attachment 🗸				
Director Name MARIO FRANCIOSA				Director Name FRANK FRANCIOSA				
Street Address 332 JONES ROAD, UNIT 8				Street Address 332 JONES ROAD, UNIT 8				
City STONEY CREEK	State ON	Zip L8E 5N2	City STONEY CREEK		State OI		Zip L8E 5N2	
9. Shares Authorized		10. Shares Issued		Check the box to indicate an attachment				
This information is currently of record in the Department of State.		NUMBER OF	SHARES	CLASS/SERIES		PAR VALUE		
		1200		COMMON		\$1.00		
Changes require an additional filing.								
11. This report must be execut	ed on behalf of t	he corporation by an	authorized re	epresentative. If the co	orporation is	in the ha	ands of a receiver	
or trustee, this report must be	executed on beh	alf of the corporation	by the receive	ver 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 Leon H. Grant				Date				
Vice President				2016-08-03				
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

FORM 630 - Revised: 05/2016



ADDITIONAL OFFICERS

ROBERT DEL VENTO

VICE PRESIDENT

1023 WATERBURY ROAD, PO BOX 279, THOMASTON, CT 06787

ADDITIONAL DIRECTORS

DOMENIC FRANCIOSA

332 JONES ROAD, UNIT 8, STONEY CREEK, ON L8E 5N2

SIDNEY SPIEGEL

332 JONES ROAD, UNIT 8, STONEY CREEK, ON L8E 5N2

FILED

AUG -9 2016

BY 040382