



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 1338087		2. Exact name of the Corporation CORESLAB STRUCTURES (CONN) INC			
3. Principal Office Address 1023 WATERBURY ROAD, PO BOX 279		City THOMASTON		State CT	Zip 06787
4. Business Phone Number 860-283-8281		5. State of Incorporation CONNECTICUT			
6. Brief description of the character of business conducted in Rhode Island FURNISH AND INSTALL PRECAST CONCRETE PANELS					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
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 CT	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 STONEY CREEK	State ON	Zip L8E 5N2
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
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 ON	Zip L8E 5N2
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES CLASS/SERIES PAR VALUE			
		1200 COMMON \$1.00			
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 Leon H. Grant Vice President				Date 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

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AUG - 9 2016

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ID 1338087

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

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BY 0410382
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