



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 53173		2. Exact name of the Corporation FRANK GENCARELLI CONSTRUCTION, INC.			
3. Principal Office Address 18 HORNE DRIVE		City WESTERLY		State RI	Zip 02891
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION/BUILDER			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name FRANK GENCARELLI			Vice-President Name		
Street Address 18 HORNE DR			Street Address		
City WESTERLY	State RI	Zip 02891	City	State	Zip
Secretary Name FRANCIS GENCARELLI			Treasurer Name		
Street Address 18 HORNE DR			Street Address		
City WESTERLY	State RI	Zip 02891	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name FRANK GENCARELLI			Director Name		
Street Address 18 HORNE DR			Street Address		
City WESTERLY	State RI	Zip 02891	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			NONE		
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 FRANK GENCARELLI				Date 1-8-17	
Signature of Authorized Representative <i>[Signature]</i>				FILED JAN 10 2017	

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

BY 1272 DS