



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

ANNUAL REPORT FOR THE YEAR 2017
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. Corporate ID No. 69145		2. Name of Corporation R.D. Angell Masonry Co., Inc.			
3. Street Address Principal Business Office 91 Baird Avenue			City N. Providence	State RI	Zip 02904
4. NAICS Code 23		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island General construction, masonry and concrete.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Frank Marini			Vice President Name		
Street Address 91 Baird Avenue			Street Address		
City N. Providence	State RI	Zip 02904	City	State	Zip
Secretary Name Frank Marini			Treasurer Name Frank Marini		
Street Address 91 Baird Avenue			Street Address 91 Baird Avenue		
City N. Providence	State RI	Zip 02904	City N. Providence	State RI	Zip 02904
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			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.			ISSUED SHARES – THIS SECTION <u>MUST</u> BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			50 shares common stock of no par value		

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.

Frank Marini
Signature

1-09-17
Date

Frank Marini

Print or Type Name

President

Title

FILED

JAN 17 2017

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MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov