



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

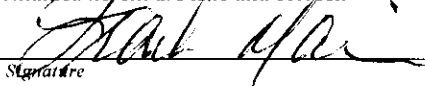
ANNUAL REPORT FOR THE YEAR 2017  
Corporation

- **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. <b>69145</b>		2. Name of Corporation <b>R.D. Angell Masonry Co., Inc.</b>			
3. Street Address Principal Business Office <b>91 Baird Avenue</b>			City <b>N. Providence</b>	State <b>RI</b>	Zip <b>02904</b>
4. NAICS Code <b>23</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>General construction, masonry and concrete.</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Frank Marini</b>			Vice President Name		
Street Address <b>91 Baird Avenue</b>			Street Address		
City <b>N. Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City	State	Zip
Secretary Name <b>Frank Marini</b>			Treasurer Name <b>Frank Marini</b>		
Street Address <b>91 Baird Avenue</b>			Street Address <b>91 Baird Avenue</b>		
City <b>N. Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>N. Providence</b>	State <b>RI</b>	Zip <b>02904</b>
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		
			<b>50 shares common stock of no par value</b>		

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.

  
Signature

**1-09-17**  
Date

**Frank Marini**

Print or Type Name

**President**

Title

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

**FILED**  
**JAN 17 2017**  
**10912**