



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. Entity ID Number 138130		2. Exact name of the Corporation Steven DeCubellis Carpentry Service Corp.			
3. Principal Office Address 404 Douglas Hook Road		City Glocester		State RI	Zip 02814
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island Residential construction and remodeling.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Steven DeCubellis			Vice-President Name		
Street Address 404 Douglas Hook Road			Street Address		
City Glocester	State RI	Zip 02814	City	State	Zip
Secretary Name Steven DeCubellis			Treasurer Name Steven DeCubellis		
Street Address 404 Douglas Hook Road			Street Address 404 Douglas Hook Road		
City Glocester	State RI	Zip 02814	City Glocester	State RI	Zip 02814
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Steven DeCubellis			Director Name		
Street Address 404 Douglas Hook Road			Street Address		
City Glocester	State RI	Zip 02814	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
			1,000	Common	No Par
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 Steven DeCubellis					Date 1-23-17
Signature of Authorized Representative 					FILED JAN 25 2017 BY 5400 BS
SIGN DOCUMENT HERE					

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