

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

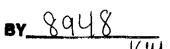
→ Penalty: Additional \$25	5.00 fee if form is no	ot filed by April 1.					
1. Entity ID Number 42830		2. Exact name of the Corporation STASIUNAS CONSTRUCTION COMPANY, INC.					
Principal Office Address 3880 Old Post Road			City Charlesto	wn	State RI	Zip 02813	
4. NAICS Code	Brief desc	ription of the chara	cter of business	conducted in Rhode	Island	• •	
23 - Construction	Construction	Construction and related activities, including sewage and disposal systems					
5. State of Incorporation							
Rhode Island							
7. List ALL officers (names a	nd addresses)		Iver- prima	Chec	k the box to it	ndicate an attachment 🔲	
President Name Timothy A. S	Vice-President Name JoAnn C. Stasiunas						
Street Address PO Box 177	Street Address PO Box 177						
^{City} Charlestown	State	^{Zip} 02813	City Charlestown		State RI	^{Zip} 02813	
Secretary Name Jo-Ann C. Stasiunas			Treasurer Name Timothy A. Stasiunas				
Street Address PO Box 177			Street Address PO Box 177				
City Charlestown	State RI	^{Zip} 02813	City Charlestown		State RI	^{Zip} 02813	
8. List ALL directors (names	and addresses)		Director Nam		ck the box to i	ndicate an attachment	
Director Name			Director Ivair	ie .			
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	<u> </u>	State	Zip	
9. Shares Authorized 10. Shares							
This information is currently of record in the Department of State.		NUMBER OF SHARES 350		Common		No Par	
Changes require an additional	filing.						
11. This report must be executrustee, this report must be ex					poration is in t	he hands of a receiver or	
Under penalty of perjury, I	declare and affirm	that I have examir	ned this report,	including any acc	ompanying s	chedules and	
statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date							
Timothy A. Stasiunas				Jan. <u>3/</u> , 2017			
Signature of Authorized Repo	esentative		Styres Out of	- 3 -			
0		- *		FILED			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FEB 0 6 2017



FORM 630 - Revised: 10/2016