



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
148 W. River St.  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\*

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 109527		2. Name of Corporation LORUSSO CORP.			
3. Street Address Principal Business Office 3 Belcher Street			City Plainville	State MA	Zip 02762
4. Business Phone No. (508) 695-3252		5. State of Incorporation Massachusetts			
6. Brief Description of the Character of Business Conducted in Rhode Island Manufacturer and producer of construction materials and any other lawful purpose					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Gerard C. Lorusso			Vice President Name Gerard C. Lorusso		
Street Address 3 Belcher Street			Street Address 3 Belcher Street		
City Plainville	State MA	Zip 02762	City Plainville	State MA	Zip 02762
Secretary Name Gerard C. Lorusso			Treasurer Name Gerard C. Lorusso		
Street Address 3 Belcher Street			Street Address 3 Belcher Street		
City Plainville	State MA	Zip 02762	City Plainville	State MA	Zip 02762
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Gerard C. Lorusso			Director Name		
Street Address 3 Belcher Street			Street Address		
City Plainville	State MA	Zip 02762	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"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	Common	No Par Value	100	Common	No Par Value

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.

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

**FILED**

FEB 15 2017

BY

*Gerard C. Lorusso*  
DS

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

Date

2-10-2017

Gerard C. Lorusso

Print or Type Name

President

Title