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	2. Exact name of the Corporation
96656	**WESTERLY GRANITE CO., INC.**

3. Principal Office Address	City	State	Zip
4 Chase Hill Road	**Ashaway**	**RI**	**02804**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
31-33 - Manufacturing	**To generally engage in the business of granite production and manufacturing and quarrying**
5. State of Incorporation: **Rhode Island**	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: **Richard D. Comolli**			Vice-President Name: **Andrew V. Comolli**		
Street Address: **51 Bellevue Avenue**			Street Address: **32 Rock Ridge Road**		
City: **Westerly**	State: **RI**	Zip: **02891**	City: **Westerly**	State: **RI**	Zip: **02891**
Secretary Name: **George A. Comolli**			Treasurer Name: **David R. Comolli**		
Street Address: **15 Franklin Street**			Street Address: **63 Arbutis Trail**		
City: **Westerly**	State: **RI**	Zip: **02891**	City: **Charlestown**	State: **RI**	Zip: **02813**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: **Richard D. Comollli**			Director Name: **Andrew V. Comolli**		
Street Address: **51 Bellevue Avenue**			Street Address: **32 Rock Ridge Road**		
City: **Westerly**	State: **RI**	Zip: **02891**	City: **Westerly**	State: **RI**	Zip: **02891**
Director Name: **George A. Comolli**			Director Name: **David R. Comolli**		
Street Address: **15 Franklin Street**			Street Address: **63 Arbutis Trail**		
City: **Westerly**	State: **RI**	Zip: **02891**	City: **Charlestown**	State: **RI**	Zip: **02813**

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	**Common**	**None**

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	Date
Richard D. Comolli, President FILED	2-15-17

Signature of Authorized Representative

R Richard D. Comolli

FEB 17 2017

BY 3821

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

FORM 630 - Revised: 02/2017