RI SOS Filing Number: 201734933750 Date: 2/23/2017 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual	Report	for	the	year:	
Corner	ation				

- Filing period: January 1 March 1
- → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1

Penalty. Additional \$25.00	iee ii ioim is not	med by April 1.				_			
1. Entity ID Number	2. Exact name of the Corporation ANGLINO CONSTRUCTION COMPANY, INC.								
141041	ANGEL	/~0 Cox	STRUCT	7701	COMP	PANY	·	LNC.	
Principal Office Address	· · · · · · ·		City		"	State		Zip	
8 Kiley WAY			City Coven fry			1	سك	102816	
4. NAICS Code		tion of the characte							
23	Build	', exect	AND	CON	STRUC	+ b	uil	ding for	
5. State of Incorporation	COMME	r CIAL,	Resi	dow to	Al 1	+ard	in d	USTRIAL	
RI	purp	0585							
7. List ALL officers (names and ad	ldresses)				Check t	ne box to i	ndicate	an attachment 🗀	
President Name ANGLICAS Street Address L			Vice-President Name						
Street Address Kiley WAY City Coventry State RI Zip 02816			Street Address						
City Coventons	State RI	Zip 02816	City			State		Zip	
Secretary Name	1,,		Treasurer Na	те		<u>L</u>			
Street Address			Street Address						
City	State	Zip	City			State		Zip	
8. List ALL directors (names and a	ddresses)	· · · · · · · · · · · · · · · · · · ·			Check th	ne box to i	ndicate a	an attachment	
Director Name			Director Name	е					
Street Address			Street Address						
City	State	Zip	City		State		Zip		
Director Name			Director Name						
Street Address			Street Addres	8			·		
City	State	Zip	City			State		Zip	
O. Charac Authorized		40 Characteria	-4		Charl M	a la au ta in	-dianta a		
9. Shares Authorized This information is currently of record	rd in the	10. Shares Issue NUMBER OF SH				e box to it	e box to indicate an attachment PAR VALUE		
Department of State.		2000	Commo		nndn	1~		No Pan	
Changes require an additional filing.									
11. This report must be executed or trustee, this report must be execute	n behalf of the cor	poration by an aut	norized repres	sentative. Il	the corpora	tion is in t	he hand:	s of a receiver or	
Under penalty of perjury, I declar	re and affirm that	I have examined	this report, i	ncluding a	Ell-E-Orp	anying so	hedule	s and	
statements, and that all statemer	nts contained her	rein are true and c	orrect.		1 1				
Name of Authorized Representative				F	B 2 3 20	Date 17 Z	.19	. 2017	
Signature of Authorized Represent	ative				110	7		. <u> </u>	
Chan /	·		Y	3Y		<u> </u>			
AAIL TO:			1	ord of the	1	1/h		1	
Division of Business Services	I-l 4 00004 0045		**	, j. 1. 31. 31.	* V()	レン`			

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