



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 <u>10063</u>		2. Exact name of the Corporation <u>ARMANDO R. SEELENBRANDT + SONS INC.</u>			
3. Principal Office Address <u>445 CARPENTER ROAD</u>			City <u>HOPE</u>	State <u>RI</u>	Zip <u>02831</u>
4. NAICS Code <u>23</u>		6. Brief description of the character of business conducted in Rhode Island <u>CONSTRUCTION BUSINESS</u>			
5. State of Incorporation <u>RHODE ISLAND</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>ROY SEELENBRANDT</u>			Vice-President Name <u>ROY SEELENBRANDT</u>		
Street Address <u>514 TEN ROD ROAD</u>			Street Address <u>514 TEN ROD ROAD</u>		
City <u>NORTH KINGSTOWN</u>	State <u>RI</u>	Zip <u>02852</u>	City <u>NORTH KINGSTOWN</u>	State <u>RI</u>	Zip <u>02852</u>
Secretary Name <u>ROY SEELENBRANDT</u>			Treasurer Name <u>ROY SEELENBRANDT</u>		
Street Address <u>514 TEN ROD ROAD</u>			Street Address <u>514 TEN ROD ROAD</u>		
City <u>NORTH KINGSTOWN</u>	State <u>RI</u>	Zip <u>02852</u>	City <u>NORTH KINGSTOWN</u>	State <u>RI</u>	Zip <u>02852</u>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>ROY SEELENBRANDT</u>			Director Name <u>NONE</u>		
Street Address <u>514 TEN ROD ROAD</u>			Street Address		
City <u>NORTH KINGSTOWN</u>	State <u>RI</u>	Zip <u>02852</u>	City	State	Zip
Director Name <u>NONE</u>			Director Name <u>NONE</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. <u>8000</u> Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <u>100</u>	CLASS/SERIES <u>Common</u>	PAR VALUE <u>\$1.00</u>
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. <b>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.</b>					
Name of Authorized Representative <u>ROY SEELENBRANDT</u>				Date <u>February 17, 2017</u>	
Signature of Authorized Representative <u>Roy Seelenbrandt</u>				<u>PRESIDENT</u>	

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

**FILED**

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