



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
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* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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. 160471		2. Name of Corporation TONY APICE BUILDERS, INC.			
3. Street Address Principal Business Office 17 PAWCATUCK VIEW ROAD			City CAROLINA	State RI	Zip 02812
4. Business Phone No. 401-364-5090		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island Carpentry Work					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ANTHONY APICE JR.			Vice President Name ANTHONY APICE JR.		
Street Address 17 PAWCATUCK VIEW ROAD			Street Address 17 PAWCATUCK VIEW ROAD		
City CAROLINA	State RI	Zip 02812	City CAROLINA	State RI	Zip 02812
Secretary Name KATIE J. APICE			Treasurer Name ANTHONY APICE JR.		
Street Address 17 PAWCATUCK VIEW ROAD			Street Address 17 PAWCATUCK VIEW ROAD		
City CAROLINA	State RI	Zip 02812	City CAROLINA	State RI	Zip 02812
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ANTHONY APICE JR.			Director Name KATIE J. APICE		
Street Address 17 PAWCATUCK VIEW ROAD			Street Address 17 PAWCATUCK VIEW ROAD		
City CAROLINA	State RI	Zip 02812	City CAROLINA	State RI	Zip 02812
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 400	Class/Series COMMON	Par Value 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.

FILED

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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

ANTHONY APICE JR.

Print or Type Name

PRESIDENT

Title

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