



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 <b>146363</b>		2. Exact name of the Corporation <b>ADI POLISHING, INC.</b>	
3. Principal Office Address <b>81 CALDER ST</b>		City <b>CRANSTON</b>	State <b>RI</b>
		Zip <b>02920</b>	
4. NAICS Code <b>81 - Other Services (except Pul</b>	6. Brief description of the character of business conducted in Rhode Island <b>METAL POLISHING COMPANY</b>		
5. State of Incorporation <b>RHODE ISLAND</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>ANGELO IZZO</b>		Vice-President Name <b>RAYMOND IZZO</b>	
Street Address <b>43 RUSSO STREET</b>		Street Address <b>95 OLD SNAKE HILL RD</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>CHEPACHET</b>	State <b>RI</b>
Zip <b>02904</b>		Zip <b>02814</b>	
Secretary Name <b>RAYMOND IZZO</b>		Treasurer Name <b>ANGELO IZZO</b>	
Street Address <b>95 OLD SNAKE HILL RD</b>		Street Address <b>43 RUSSO ST</b>	
City <b>CHEPACHET</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02814</b>		Zip <b>02904</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>ANGELO IZZO</b>		Director Name <b>RAYMOND IZZO</b>	
Street Address <b>43 RUSSO ST</b>		Street Address <b>95 OLD SNAKE HILL RD</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>CHEPACHET</b>	State <b>RI</b>
Zip <b>02904</b>		Zip <b>02814</b>	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. 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	CLASS/SERIES
		100	COMMON
			NO PAR VALUE
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 <b>ANGELO IZZO</b>		Date <b>3/30/17</b>	
Signature of Authorized Representative <i>Angelo Izzo</i>			

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**  
**APR 03 2017**  
**BY** *H996DS*