RI SOS Filing Number: 201734115390 Date: 02/13/2017 4:00 PM

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		
8639	J. SANTORO INC		
3. Principal Office Address: 79 CEDAR SWAMP RD	City: SMITHFIELD	State: RI	Zip: 02917

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
31-33	GENERAL, SAND, GRAVEL, AND EARTHERN MATERIALS
5. State of Incorporation: RI	

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

President Name			Vice-President Name		
RONALD T GENDRON JR			JUDITH A GENDRON		
Street Address: 79 CEDAR SWAMP RD			Street Address: 79 CEDAR SWAMP RD		
City: SMITHFIELD	State: RI	Zip: 02917	City: SMITHFIELD	State: RI	Zip: 02917
Secretary Name: JUDITH A GENDRON			Treasurer Name: RONALD T. GENDRON JR		
Street Address: 79 CEDAR SWAMP RD			Street Address: 79 CEDAR SWAMP RD		
City: SMITH FIELD	State: RR	Zip: 02917	City: SMITHFIELD	State: RI	Zip: 02917

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

Director Name			Director Name		
RONALD T GENDRON JR					
Street Address: 79 CEDAR SWAMP RD			Street Address		
City: SMITHFIELD	State: RI	Zip: 02919	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1748	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.

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: JUDITH A GENDRON SECTARY
Date: 2/13/17

Signature of Authorized Representative: [signature] SIGN DOCUMENT HERE

FILED
FEB 13 2017
BY 1578

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

149321-78-193411

FORM 630 - Revised: 10/2016