



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

STAMP

Annual Report for the year: 2019  
 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>000065600</b>		2. Exact name of the Corporation <b>D. Fruscia Industries Inc.</b>				
3. Principal Office Address <b>1425 Cranston ST</b>		City <b>Cranston</b>		State <b>RI</b>	Zip <b>02920</b>	
4. NAICS Code <b>332813</b>		6. Brief description of the character of business conducted in Rhode Island <b>Metal Finishing</b>				
5. State of Incorporation <b>RI</b>						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name <b>Frank DeFruscio</b>			Vice-President Name <b>None</b>			
Street Address <b>1425 Cranston ST</b>			Street Address			
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City	State	Zip	
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name <b>None</b>			Director Name <b>None</b>			
Street Address			Street Address			
City	State	Zip	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 <input type="checkbox"/>
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE	
		<b>None</b>		<b>None</b>	<b>None</b>	
		<b>None</b>		<b>None</b>	<b>None</b>	
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. <i>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.</i>						
Name of Authorized Representative <b>Pauline Schora</b>				Date <b>1/4/19</b>		
Signature of Authorized Representative <b>Pauline Schora</b>				SIGN DOCUMENT HERE		

FILED

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

JAN 10 2019  
 BY 1108/10  
DS FORM 630 - Revised: 10/2017