



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

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.

FILED
STAMP
 JAN 28 2019
 BY 7601

1. Entity ID Number 000080197		2. Exact name of the Corporation F. Cassisi, Inc.			
3. Principal Office Address 203 Killingly Street			City Providence	State RI	Zip 02909
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island Engaging in general business construction, contracting, developing, repairing, leasing, renting, selling, mortgaging and dealing in real estate.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Francesco Cassisi			Vice-President Name Maria Cassisi		
Street Address 203 Killingly Street			Street Address 203 Killingly Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name Maria Cassisi			Treasurer Name Francesco Cassisi		
Street Address 203 Killingly Street			Street Address 203 Killingly Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None.			Director Name		
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
		200		Common	No Par
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 Maria Cassisi, President					Date 1-24-19
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

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