



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

**Annual Report for the year: 2020**  
**Corporation**

**FILED STAMP**

MAR 02 2020

BY 202305

- 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>000011721</b>		2. Exact name of the Corporation <b>ADRIEN &amp; SON, INC.</b>			
3. Principal Office Address <b>820 TIOGUE AVENUE</b>			City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>
4. NAICS Code <b>23-CONSTRUCTION</b>		6. Brief description of the character of business conducted in Rhode Island <b>GENERAL CONTRACTING BUSINESS</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>JOHN ZARLENGA</b>			Vice-President Name <b>JOHN ZARLENGA</b>		
Street Address <b>54 MISHNOCK ROAD</b>			Street Address <b>54 MISHNOCK ROAD</b>		
City <b>WEST GREENWICH</b>	State <b>RI</b>	Zip <b>02817</b>	City <b>WEST GREENWICH</b>	State <b>RI</b>	Zip <b>02817</b>
Secretary Name <b>KAREN A. ZARLENGA</b>			Treasurer Name <b>JOHN ZARLENGA</b>		
Street Address <b>54 MISHNOCK ROAD</b>			Street Address <b>54 MISHNOCK ROAD</b>		
City <b>WEST GREENWICH</b>	State <b>RI</b>	Zip <b>02817</b>	City <b>WEST GREENWICH</b>	State <b>RI</b>	Zip <b>02817</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>JOHN ZARLENGA</b>			Director Name <b>KAREN A. ZARLENGA</b>		
Street Address <b>54 MISHNOCK ROAD</b>			Street Address <b>54 MISHNOCK ROAD</b>		
City <b>WEST GREENWICH</b>	State <b>RI</b>	Zip <b>02817</b>	City <b>WEST GREENWICH</b>	State <b>RI</b>	Zip <b>02817</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			600		COMMON
					PAR VALUE
					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. <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>JOHN ZARLENGA</b>				Date <b>2/4/2020</b>	
Signature of Authorized Representative 			SIGN DOCUMENT HERE		