



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2022
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

MAY 04 2022
 BY 5104
 E: [Signature]

1. Entity ID Number 000011721		2. Exact name of the Corporation ADRIEN & SON, INC.			
3. Principal Office Address 820 TIOGUE AVENUE			City COVENTRY	State RI	Zip 02816
4. NAICS Code 23-0115		6. Brief description of the character of business conducted in Rhode Island GENERAL CONTRACTING BUSINESS			
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 JOHN ZARLENGA			Vice-President Name JOHN ZARLENGA		
Street Address 54 MISHNOCK ROAD			Street Address 54 MISHNOCK ROAD		
City WEST GREENWICH	State RI	Zip 02817	City WEST GREENWICH	State RI	Zip 02817
Secretary Name KAREN A. ZARLENGA			Treasurer Name JOHN ZARLENGA		
Street Address 54 MISHNOCK ROAD			Street Address 54 MISHNOCK ROAD		
City WEST GREENWICH	State RI	Zip 02817	City WEST GREENWICH	State RI	Zip 02817
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JOHN ZARLENGA			Director Name KAREN A. ZARLENGA		
Street Address 54 MISHNOCK ROAD			Street Address 54 MISHNOCK ROAD		
City WEST GREENWICH	State RI	Zip 02817	City WEST GREENWICH	State RI	Zip 02817
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
			600	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. <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 JOHN ZARLENGA				Date 3/7/2022	
Signature of Authorized Representative 					

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