



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2611
401.222.3044

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 000005437		2. Name of Corporation CHARLES J. FALUGO, INC.			
3. Street Address Principal Business Office 23 LILLIS AVENUE			City BARRINGTON	State RI	Zip 02903
4. Business Phone No. 508-226-8090		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island OPERATORS AND LESSORS OF BUILDINGS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name CHARLES J. FALUGO, JR.			Vice President Name CHARLES J. FALUGO, III		
Street Address 140 NORTH MAIN ST. UNIT 7C			Street Address 520 PLEASANT ST.		
City ATTLEBORO	State MA	Zip 02703	City ATTLEBORO	State MA	Zip 02703
Secretary Name ROSE M. FALUGO			Treasurer Name		
Street Address 140 NORTH MAIN ST.			Street Address		
City ATTLEBORO	State MA	Zip 02703	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name CHARLES J. FALUGO, JR.			Director Name		
Street Address 140 NORTH MAIN ST. UNIT 7C			Street Address		
City ATTLEBORO	State MA	Zip 02703	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 600.00	Class/Series CNP	Par Value \$ 0.00
			THIS SECTION MUST BE COMPLETED		

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.

FILED

File Date: OCT 03 2011

Check No. 2426

By RM

FOR SECRETARY OF STATE USE ONLY

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.

Rose M Falugo 9/30/11
Signature Date
ROSE M. FALUGO
Print or Type Name
SECRETARY
Title