



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>8808</u>		2. Exact name of the Corporation <u>M. J. Satmary Construction Corp.</u>	
3. Principal office address <u>6 Fox Lane</u>		City <u>Old Saybrook</u>	State <u>CT</u>
		Zip <u>06475</u>	
4. Business Phone No. <u>(860) 388-0105</u>		5. State of Incorporation <u>Rhode Island</u>	
6. Brief description of the character of business conducted in Rhode Island			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>Michael J. Satmary</u>		Vice-President Name <u>Paula M. Satmary</u>	
Street Address <u>6 Fox Lane</u>		Street Address <u>6 Fox Lane</u>	
City <u>Old Saybrook</u>	State <u>CT</u>	City <u>Old Saybrook</u>	State <u>CT</u>
Zip <u>06475</u>		Zip <u>06475</u>	
Secretary Name <u>Michael J. Satmary</u>		Treasurer Name <u>Paula M. Satmary</u>	
Street Address <u>6 Fox Lane</u>		Street Address <u>6 Fox Lane</u>	
City <u>Old Saybrook</u>	State <u>CT</u>	City <u>Old Saybrook</u>	State <u>CT</u>
Zip <u>06475</u>		Zip <u>06475</u>	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <u>Michael J. Satmary</u>		Director Name <u>Paula M. Satmary</u>	
Street Address <u>6 Fox Lane</u>		Street Address <u>6 Fox Lane</u>	
City <u>Old Saybrook</u>	State <u>CT</u>	City <u>Old Saybrook</u>	State <u>CT</u>
Zip <u>06475</u>		Zip <u>06475</u>	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED <u>500</u>			
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.			
NUMBER OF SHARES <u>500</u>		CLASS/SERIES	PAR VALUE <u>no par</u>

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 SECRETARY OF STATE
 CORPORATION DIV
 JUN 17 2013 14:14

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.

File Date _____
 Check No _____
 By: _____

FILED 12:14 pm
 JUN 17 2013

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.

Michael J. Satmary 6/14/13
 Signature of Authorized Representative Date

Michael J. Satmary President
 Print or Type Name of Authorized Representative