



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 2014

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. 18767		2. Exact name of the Corporation A. Ialongo Building Co., Inc.			
3. Principal office address 107 Crest Drive		City CRANSTON	State RI	Zip 02921	
4. Business Phone No. 401-946-0189		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island BUILDING OF HOMES AND BUILDINGS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Anthony P. Ialongo			Vice-President Name Anthony P. Ialongo		
Street Address 107 Crest Drive			Street Address 107 Crest Drive		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
Secretary Name Anthony P. Ialongo			Treasurer Name Anthony P. Ialongo		
Street Address 107 Crest Drive			Street Address 107 Crest Drive		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Anthony P. Ialongo			Director Name Anthony P. Ialongo		
Street Address 107 Crest Drive			Street Address 107 Crest Drive		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	NO PAR

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: _____

FOR SECRETARY OF STATE USE ONLY **FEB 18 2014**

Form No. 630
 Revised: 01/2012

By 1404

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.

Anthony P. Ialongo 2/19/14
 Signature of Authorized Representative Date

Anthony P. Ialongo

Print or Type Name of Authorized Representative