



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 2015

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. 97576		2. Exact name of the Corporation PUCCI & GREENE, LTD.			
3. Principal office address 110 AIRPORT ROAD, SUITE 104			City WESTERLY	State RI	Zip 02891
4. Business Phone No. 401-596-1926			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE PRACTICE OF ACCOUNTING					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name STEWART T. PUCCI			Vice-President Name NONE		
Street Address 110 AIRPORT ROAD, SUITE 104			Street Address		
City WESTERLY	State RI	Zip 02891	City	State	Zip
Secretary Name NONE			Treasurer Name STEPHEN M. GREENE		
Street Address			Street Address 110 AIRPORT ROAD, SUITE 104		
City	State	Zip	City WESTERLY	State RI	Zip 02891
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1500	CNP	200.00

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

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.

FILED

MAR 11 2015

BY 9374

[Signature] _____
 Signature of Authorized Representative Date 3/5/15

STEWART T. PUCCI, PRESIDENT

Print or Type Name of Authorized Representative