Form 5500-SF	Short Form Annu	oyee	OMB No	OMB Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Pla			2015			
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Inter Revenue Code (the Code).						
Pension Benefit Guaranty Corporation	Complete all entries in		nstructions to the Form 55	00-SF.	Public Insp			
Part IAnnual ReporFor calendar plan year 2015 or	t Identification Information fiscal plan year beginning 01/01/		and ending 12	/31/2015				
A This return/report is for:	a single-employer plan a one-participant plan		er plan (not multiemployer) g employer information in ac	(Filers check	-			
B This return/report is	the first return/report	the final return/rep	ort eturn/report (less than 12 mo	onths)				
C Check box if filing under:	X Form 5558	automatic extension	on		FVC program			
Part II Basic Plan Inf	ormation—enter all requested in							
1a Name of plan A. PAOLINO & CO. 401(K) PRO	•			(PN)	umber	001		
	loyer, if for a single-employer plan)				01/01/2009 yer Identification I	Number		
	om, apt., suite no. and street, or P.0 nce, country, and ZIP or foreign pos		instructions)	(EIN) 04-3588201 2c Sponsor's telephone number 401-272-7217				
01 BROADWAY				2d Busine	ess code (see inst			
PROVIDENCE, RI 02909					541211			
3a Plan administrator's name	and address XSame as Plan Spon	sor.		3b Admin	istrator's EIN			
4 If the name and/or EIN of t		the last return/report fil	ad for this plan, ontor the	4b EIN				
	he plan sponsor has changed since umber from the last return/report.	the last return/report in	ed for this plan, enter the	40 EIN 4c PN				
5a Total number of participant	s at the beginning of the plan year.			5a		1		
	is at the end of the plan year		,	5b		2		
	n account balances as of the end of			5c		2		
· · · ·	articipants at the beginning of the p		l l l l l l l l l l l l l l l l l l l	5d(1)		1		
d(2) Total number of active p	participants at the end of the plan ye	ar		5d(2)		2		
than 100% vested	at terminated employment during the			5e	ished	0		
Under penalties of perjury and o	or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary, nplete.	ctions, I declare that I h	ave examined this return/rep	ort, including	g, if applicable, a			
	d/valid electronic signature.	09/15/2016	ANTHONY J. PAOLIN	0				
HERE Signature of plan	administrator	Date	Enter name of individu	ual signing as	s plan administrat	or		
SIGN HERE Signature of emp	loyer/plan sponsor	Date	Enter name of individu	al cigning of		sponsor		
	name, if applicable) and address (i				elephone number			
For Departurals Deduction Act Mar	ice and OMB Control Numbers, see th	o instructions for Form 5	500. SE		F	00-SF (2015)		

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X Yes No
	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann							□	Π
	f the plan is a defined benefit plan, is it covered under the PBGC ir	isurance p	program (see ERISA se	ection 4	021)?		Yes	No	Not determined
Par		1	1			-			
	Plan Assets and Liabilities	1	(a) Beginning			_		(b) Eı	nd of Year
	Total plan assets	7a		277	719	_			325409
	Total plan liabilities	7b				_			
	Net plan assets (subtract line 7b from line 7a)	7c			719	_			325409
	Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int		_		(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)		16	272				
	(2) Participants	8a(2)		24	000				
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		7	418	_			
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							47690
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0
i	Net income (loss) (subtract line 8h from line 8c)	8i				_			47690
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension $\ensuremath{ 2E}\ensuremath{ 2G}\ensuremath{ 2J}\ensuremath{ 3D}\ensuremath{ 3D}\ensuremath{ 2D}\ensuremath{ 2D}\ensurem$	feature co	odes from the List of Pla	an Cha	racteri	stic Co	odes in t	the inst	ructions:
В	If the plan provides welfare benefits, enter the applicable welfare f	eature coo	les from the List of Pla	n Chara	acterist	ic Co	des in th	ne instru	uctions:
Part	V Compliance Questions								
10	During the plan year:				Yes	No	N/A		Amount
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iduciary Correction	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		х			
С	Was the plan covered by a fidelity bond?			10c		Х			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х			
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		х			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	is of year e	end.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		х			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i					
j	Did the plan trust incur unrelated business taxable income?			10j			Х		
Part	VI Pension Funding Compliance			. •,	1	1	1	1	
	Is this a defined benefit plan subject to minimum funding requirem	onto? (If "	Vac " and instructions	and cor	nnloto	Sohor		(Form	

	5500) and line 11a below)		(1 0111	Yes	s No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section	302 of E	RISA?	Yes	s X No

Form 5500-SF 2015

Page **3 -** 1

					1					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter ru Year	ling			
lf	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
b	b Enter the minimum required contribution for this plan year 12b									
-		the amount contributed by the employer to the plan for this plan year		12c						
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d						
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A			
Part	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Ye	es X No				
		es," enter the amount of any plan assets that reverted to the employer this year		13a						
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou								
	of th	e PBGC?	-			Yes X	No			
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to							
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)			
Part	VIII	Trust Information	-							
14a	Name	of trust		14b	Trusťs E	IN				
14c	Nam	e of trustee or custodian		14d Trustee's or custodian's telephone number						
Par	t IX	IRS Compliance Questions								
15a	Is th	e plan a 401(k) plan?		Ye	es	No				
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod	e ADF test	P/ACP			
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Yes		No				
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentag est		erage nefit test			
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No				
17a	Has	he plan been timely amended for all required tax law changes?		Ye	es	No	N/A			
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions			
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable 	IRS opinion	or			
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable				
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Ye	S	No				
19	Were	in-service distributions made during the plan year?		Ye	es	No				
	lf "Y€	es," enter amount		19						
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		Y	es	No	N/A			

Form 5500-SF Short Form Annual Return/Report of Small Employee										
	artment of the Treasury smal Revenue Service	1065 of the Employee R	etirement		2015					
Employee 8	Department of Labor Benefits Security Administration	57(b) and 6058(a) of the b).	Internal		Form is Open to lic Inspection					
Pension B	Annual Report Id	Complete all entries in a lentification Information		uctions to the Form 5	500-SF.	<u> </u>	-			
	lar plan year 2015 or fisca		01/01/2015	and ending	1	2/31/201	5			
A This re	turn/report is for:	a single-employer plan] a one-participant plan		lan (not multiemployer) pployer information in ac						
B This ret	B This return/report is the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months)									
C Check	box if filing under:	Form 5558 special extension (enter descr	automatic extension] DFVC prog	ram			
Part II	Basic Plan Inform	nation-enter all requested inf								
1a Name	of plan	k) Profit Sharing P			pla	ree-digit an number N)	001			
					1c Eff	fective date o				
Mailing	g address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O				nployer Ident N) 04-35	fication Number 38201			
	olino & Co.	country, and ZIP or foreign posta	ai code (il foreign, see instr	uctions)		•	hone number			
401 Br	roadway				401-272-7217 2d Business code (see instructions) 541211					
Provid	lence	RI 02909								
3 a Plan a	dministrator's name and a	address 🖾Same as Plan Spons	or.			ministrator's	EIN telephone number			
name,		lan sponsor has changed since t er from the last return/report.	he last return/report filed fo	or this plan, enter the	4b EII 4c PN					
		the beginning of the plan year			5a	T	1			
		the end of the plan year			5b		2			
c Numb	er of participants with acc	count balances as of the end of t	he plan year (defined bene	fit plans do not	5c		2			
d(1) Tota	al number of active partic	ipants at the beginning of the pla	an year		5d(1)		1			
		ipants at the end of the plan yea			5d(2)		2			
		minated employment during the			5e		0			
Caution: A	penalty for the late or i	ncomplete-filing of this return	/report will be assessed	unless reasonable cau	ise is est	ablished.				
SB or Sche	alties of perjury and other dule MB completed and s rue, correct, and complet	penalities set forth in the instruc signed by an enrolled actuary, as e.	tions, I declare that I have s well as the electronic ver	examined this return/report sion of this return/report	port, inclu , and to the termination of the second s	iding, if appli he best of m	cable, a Schedule / knowledge and			
SIGN	Willeun	Milley	9112/16	Anthony J. Pac	olino					
HERE C	Signature of plan adm	inistrator	Date	Enter name of individ	ual signin	g as plan ad	ninistrator			
SIGN /	Molecom	1 Jach	9/19/10	Anthony J. Pac	olino					
HERE //	Signature of employed	r/plan sponsor .e, if applicable) and address (in	Date clude room or suite numbe	Enter name of individure (g as employe r's telephone				
For Paperwo	ork Reduction Act Notice a	nd OMB Control Numbers, see the	instructions for Form 5500-	SF.			Form 5500-SF (2015)			

Form 5500-SF 2015

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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X	Yes	No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	X	Yes	No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.			

Pa	rt III Financial Information	1 3 543	1				~~~~					
7	Plan Assets and Liabilities	(a) Beginning of Year				(b) End of Year						
a	Total plan assets	7a		277,719			9 325,40					
b	Total plan liabilities	7b								***		
C	Net plan assets (subtract line 7b from line 7a)	7c	7c			9				325,409		
8	Income, Expenses, and Transfers for this Plan Year	(a) Amou				_		(b) 7	otal			
а	Contributions received or receivable from: (1) Employers	8a(1)		1	6,27	2						
	(2) Participants	8a(2)		2	4,00	0						
	(3) Others (including rollovers)	8a(3)										
b	Other income (loss)	8b			7,41	8						
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	and a second second Second second			82 - 국왕				47,690		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d										
е	Certain deemed and/or corrective distributions (see instructions)	80				- 13						
f	Administrative service providers (salaries, fees, commissions)	8f										
g	Other expenses	8g		*****						29833. · ·		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				<u>j</u>				0		
i	Net income (loss) (subtract line 8h from line 8c)	8 i				<u> </u>				47,690		
j	Transfers to (from) the plan (see instructions)	8i										
Pa	t IV Plan Characteristics	Le	2									
9a B	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare fe											
Par	V Compliance Questions											
10	During the plan year:				Yes	No	N/A		Amou	nt		
a		'oluntary F	iduciary Correction	10a		x						
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		x						
с	Was the plan covered by a fidelity bond?			10c		х						
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х				**************************************		
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	her person le or all of	s by an insurance the benefits under	10e		х				*****		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х						
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year o	ənd.)	10g		х						
h		(See instru	uctions and 29 CFR	10h		х						
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne require	d notice or one of the	10i								
j	Did the plan trust incur unrelated business taxable income?	••••••		10j			x					
Part	VI Pension Funding Compliance								4			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions a	and cor	nplete	Scheo	lule SB	(Form	Γr	'es 🗌 No		
							1					
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40 11a											
11a 12	Enter the unpaid minimum required contribution for all years from Is this a defined contribution plan subject to the minimum funding							RISA?	Y	'es X No		

For	rm 5500-SF 2015 Page 3	· []							
	," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	ver of the minimum funding standard for a prior year is being amortized in this pla			nter the Day	e date of the	e letter rui 'ear	ling		
	g the waiver pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and			. Duy	antan Konde of Control K	cur	1999 py hant of y 1999 of the original of the second		
	e minimum required contribution for this plan year			12b		<u></u>			
A				12c					
d Subtract	C Enter the amount contributed by the employer to the plan for this plan year d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).								
~~~~~	minimum funding amount reported on line 12d be met by the funding deadline?			Π	Yes 🗍	No 🗍	N/A		
1-1-1-2-5-5-1-5-X	an Terminations and Transfers of Assets	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>				armenen and and	********		
	solution to terminate the plan been adopted in any plan year?				Yes	X No			
	enter the amount of any plan assets that reverted to the employer this year			13a		<u></u>	*****		
b Were all	I the plan assets distributed to participants or beneficiaries, transferred to another BGC?	plan, or brough	it under the co	ntrol		Yes X	No		
C If during	this plan year, any assets or liabilities were transferred from this plan to another ssets or liabilities were transferred. (See instructions.)								
13c(1) Nai	me of plan(s):		13c(2)	EIN(s)		13c(3) F	PN(s)		
Part VIII T	Frust Information								
14a Name of t				14b Trust's EIN					
14c Name of	f trustee or custodian			14d Trustee's or custodian's telephone number					
Part IX I	RS Compliance Questions								
15a is the pla	an a 401(k) plan?			[] Ye	s	No			
15b If "Yes." I	how does the 401(k) plan satisfy the nondiscrimination requirements for employe ontributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	e deferrals and	employer	ba ha	esign- ised safe irbor ethod	ADP/ACP test			
testing m	P/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan yea lethod" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a ))?	)(2)(ii) and 1.40	rent year 1(m)-	] Ye	s	No			
16a Check the	e box to indicate the method used by the plan to satisfy the coverage requiremer	Is under sectior			atio ercentage st		erage lefit test		
16b Does the this plan	plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 40 with any other plans under the permissive aggregation rules?	I(a)(4) by combi	ining	Ye	s	No.			
17a Has the p	plan been timely amended for all required tax law changes?			Ye	S	No	N/A		
for tax lay	last plan amendment/restatement for the required tax law changes was adopted w changes and codes).		. Enter the			······	nstructions		
advisory I		etter's senal nu	mber				or 		
determina	n is an individually-designed plan and received a favorable determination letter fr ation letter								
made), Al	an maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA sec merican Samoa, Guam, the Commonwealth of the Northern Mariana Islands or t	he U.S. Virgin I	slands)?	Ye:		<u>∐</u> No			
	service distributions made during the plan year?			L Ye	s 1	No			
	enter amount			19	l				
20 Were required), a	uired minimum distributions made to 5% owners who have attained age 70 ½ (re as required under section 401(a)(9)?	egardless of whe	ether or not	∏ Ye	s	□ No	N/A		