Form 5500-SF Short Form Annual Return/Report of Small Em						OMB Nos. 1210-0110 1210-0089				
	rtment of the Treasury nal Revenue Service	d 4065 of the Employee R	etirement		2016					
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974				orm is Open to c Inspection				
	enefit Guaranty Corporation	Complete all entries in a	accordance with the ins	structions to the Form 5	500-SF.					
For calend	ar plan year 2016 or fisca	Ientification Information al plan year beginning 01/01/20	016	and ending 12	2/31/2016					
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer list of participating employer information in a foreign plan						-				
B This retu	urn/report is	the first return/report an amended return/report	the final return/repor	t urn/report (less than 12 m	onths)					
C Check	box if filing under:] Form 5558] special extension (enter descri	automatic extension	1	DFVC p	rogram				
Part II	Basic Plan Inform	nation—enter all requested info	. ,							
1a Name A. PAOLINC	of plan) & CO. 401(K) PROFIT :	SHARING PLAN			(PN) 1c Effect	number tive date of 01/01	/2009			
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)					(EIN)	04-35				
A. PAOLINO	& CO.				2c Sponsor's telephone number 401-272-7217					
401 BROAD					2d Business code (see instructions) 541211					
		address 🛛 Same as Plan Spon				nistrator's E nistrator's te	elephone number			
		olan sponsor has changed since to be from the last return/report.	the last return/report filed	d for this plan, enter the	4b EIN					
a Spons	or's name				4c PN					
_		the beginning of the plan year			5a		2			
C Numb	er of participants with ac	the end of the plan year	the plan year (only define	ed contribution plans	5b 5c		2			
	,	cipants at the beginning of the pla			5d(1)		2			
• • •	•	cipants at the end of the plan yea			5d(2)		2			
e Numb than	per of participants that te 100% vested	rminated employment during the	plan year with accrued l	penefits that were less	5e		C			
		incomplete filing of this return					abla a Cabadula			
SB or Sche		r penalties set forth in the instruc signed by an enrolled actuary, a ete.								
51514				ANTHONY J. PAOLIN	0					
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	ual signing	as plan adm	inistrator			
SIGN										
HERE	Signature of employe		Date	Enter name of individ						
Preparer's	name (including firm nar	ne, if applicable) and address (in	clude room or suite num	ber)	Preparers	s telephone	number			
		see the Instructions for Form 5500					orm 5500-SE (2016)			

6a b c										
Pa	Part III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year						
а	Total plan assets	7a	325409	369529						
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	325409	369529						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total						
а	Contributions received or receivable from: (1) Employers	8a(1)	15632							
	(2) Participants	8a(2)	24000							
	(3) Others (including rollovers)	8a(3)								

(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	4982	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		44614
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
e Certain deemed and/or corrective distributions (see instructions).	8e		
f Administrative service providers (salaries, fees, commissions)	8f	494	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		494
i Net income (loss) (subtract line 8h from line 8c)	8i		44120
j Transfers to (from) the plan (see instructions)	8j		
Part IV Plan Characteristics			·
9a If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Characte	eristic Codes in the instructions:

Plan Characteristics

9a	If the	plan	provid	des pensio	n benefits,	enter the	applicable	pension featu	re codes f	from the	List of Plan	Characteristic	c Codes i	n the insti	uctions:
	2E	2G	2J	3D											

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

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 contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	Was the plan covered by a fidelity bond?	10c	Х			500000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		Х		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				

Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co n 5500) and line 11a below)					🗌 Y	es 🗌 No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co					Y	es 🗙 No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				•••••		
а		valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uction	is, and	enter t	he date	of the letter	ruling
	gran	ting the waiver	onth _		_ Day		Year	
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.					
b	Enter	the minimum required contribution for this plan year			12b			
С	Enter	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 le tive amount)			12d			
е	Will	he 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?				Yes	s X No	C
		es," enter the amount of any plan assets that reverted to the employer this year			13a			
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt unde	er the			Yes 🗙	No
C	lf, du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify h assets or liabilities were transferred. (See instructions.)			to			
		Name of plan(s):	1	3c(2)	EIN(s)		13c(3)	PN(s)
	. ,			. ,				
Part	VIII	Trust Information						
14a	Name	of trust			14b ⊺	Frust's E	EIN	
14c	Name	e of trustee or custodian					s or custodi ne number	an's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes		[No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply:		Desigi safe h	n-basec arbor	1	Prior ye test	ar" ADP
				"Curre ADP t	nt year' est		N/A	
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: Average benefit test							N/A	
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le		-			-		
17b	If the	plan is an individually-designed plan that received a favorable determination letter from the IRS, end	ter the	date	of the m	nost rece	ent determir	nation
	letter	/						
18	letter Defin Were		ated f		Yes	s [No	

	<u> </u>						
Form 5500-SF	Short Form Annua	Short Form Annual Return/Report of Small Employe Benefit Plan					
Internal Revenue Service	This form is required to be filed	d under sections 104 and 4065 of the Employee I (ERISA), and sections 6057(b) and 6058(a) of th	Retirement	2016			
Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Revenue Code (the Code).		This Form is Open to Public Inspection			
Part I Annual Report	t Identification Information	accordance with the instituctions to the Point ;	000-3r.	***			
For calendar plan year 2016 or t	fiscal plan year beginning	01/01/2016 and ending	12/3	31/2016			
	X a single-employer plan	a multiple-employer plan (not multiemployer)					
A This return/report is for:	a one-participant plan	list of participating employer information in a	ccordance w	ith the form instructions.)			
B This return/report is	the first return/report	e first return/report					
	an amended return/report	a short plan year return/report (less than 12 n					
C Check box if filing under:	Form 5558 special extension (enter descri	automatic extension	DFVC pi	rogram			
Part II Basic Plan Info				······			
	ormation—enter all requested info	ormation					
1a Name of plan			1b Three	- ,			
A. Paorino & Co. 401	(k) Profit Sharing Pl	an	(PN)				
				tive date of plan			
				1/2009			
Mailing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O.	. Box)	2b Emplo	oyer Identification Number			
A. Paolino & Co.	ce, country, and ZIP or foreign posta	al code (if foreign, see instructions)		sor's telephone number			
A. Paorino & Co.			4	272-7217			
				less code (see instructions)			
401 Broadway			5412				
Providence	RI 02909						
3a Plan administrator's name a	and address 🔀 Same as Plan Spon	SOr.	3b Admir	nistrator's EIN			
	L., .						
			3c Administrator's telephone number				
4 If the name and/or EIN of th	e plan sponsor has changed since the	he last return/report filed for this plan, enter the	4b EIN				
	umber from the last return/report.			***************************************			
a Sponsor's name			4C PN				
			<u>5a</u>	2			
			5b	2			
C Number of participants with complete this item)	account balances as of the end of the	he plan year (only defined contribution plans	5C	2			
		n year	5d(1)	2			
		r	5d(2)				
e Number of participants that	t terminated employment durino the	plan year with accrued benefits that were less		2			
than 100% vested		-	5e	0			
Caution: A penalty for the late	or incomplete filing of this return	/report will be assessed unless reasonable ca	use is estab	lished.			
SB or Schedule MB completed a belief, it is true, correct, and com	and signed by ap/enrolled actuary, as	tions, I declare that I have examined this return/res well as the electronic version of this return/repo	port, includir rt, and to the	ng, if applicable, a Schedule best of my knowledge and			
SIGN MUM	Afeatin	JAKI Anthony J. Pa	olino				
HERE Signature of plan a	administrator	Date Enter name of Individ	lual signing a	s plan administrator			
SIGN /////	A Colle	JART Anthony J. Pa		- Pierr during of allo			
the set of the set of the set of the	RE / // /						
Preparer's name (including firms	pyer/plan sponsor name, if applicable) and address (inc	Date Enter name of Individ	and the second se	s employer or plan sponsor			
service interversion of the service	inters in approace and address (III)	sides room or auto Huttiger)	Frepaters	telephone number			
			1				
			Ne texte				
For Paperwork Reduction Act Notic	ce, see the Instructions for Form 5500-	SF.	£	Form 5500-SF (2016)			

Form	5500	-SF	201	6
------	------	-----	-----	---

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X	Yes	Π	No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA)	ليتسا		I1	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	X	Yes	Π	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.			<u>ت</u>	

c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined

7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of Year
а	Total plan assets	7a	325,4	09	369,		
b	rotal plan liabilities	7b				· · · · · · · · · · · · · · · · · · ·	·····
C	Net plan assets (subtract line 7b from line 7a)	7c	325,40	09			369,529
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)	15,63	32			
·····	(2) Participants	8a(2)	24,00	00			
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	4,98	82			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					44,614
d	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	49	94			
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					494
i	Net income (loss) (subtract line 8h from line 8c)	8 i					44,120
j	Transfers to (from) the plan (see instructions)	8j		Ī			
Par	t IV Plan Characteristics		*****				
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 3D	feature coo	des from the List of Plan Charac	cteris	tic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan Charact	lerist	ic Coo	les in l	the instructions:
Par	t V Compliance Questions						
10	During the plan year:		1.	Yes	No	N/A	Amount

10	During the plan year.		Yes	No	N/A	Amount
a 	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x		
b 	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х		
C	Was the plan covered by a fidelity bond?	10c	x			500,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		х		
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		x		
f	Has the plan failed to provide any benefit when due under the plan?			х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3					

Form 5500-SF 2016

Page 3-	
---------	--

Part	VI Pension Funding Compliance			**************************************			·····		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	complete Sc	hedule S	В		Yes	N	0	
<u>11a</u>	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		. 11a						
12	2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?					Yes	X N	0	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			•••••	. []		loved	-	
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver									
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
b Enter the minimum required contribution for this plan year			12b						
<u> </u>	c Enter the amount contributed by the employer to the plan for this plan year		12c		•				
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)			12d						
e Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No 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?				Yes	X	No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year					<u></u>			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug control of the PBGC?	assets distributed to participants or beneficiaries, transferred to another plan, or brought under the GC?			Yes X No				
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)									
13c(1) Name of plan(s): 1:			13c(2) EIN(s)		13c(3) PN(s)				
Part VIII Trust Information									
14a Name of trust			14b 1	14b Trust's EIN					
14c Name of trustee or custodian			\$	14d Trustee's or custodian's telephone number					
Part	IX IRS Compliance Questions		1						
15a Is the plan a 401(k) plan? If "No," skip b			Νο						
15b (ow did the plan satisfy the nondiscrimination requirements for employee deferrals under section		in-based						
401(k)(3) for the plan year? Check all that apply:			irrent year"						
					•				
year? Check all that apply:		Ratio	entage		erage nefit test	Ľ	N/A		
1	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes		-] No				
17a	17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter and the serial number								
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter									
١	18 Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?				Yes 🗌 No				
19 \	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	•••••	Yes		No				