State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

ROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

**** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation			
113333	R & P Construction Incorporated			
3. Street Address Principal Business Office		City	State	Zip
43 Starr Street		Johnston	RI	02919
4. Business Phone No.	5. State of Incorporation			
(401) 944-4221	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
A Construction Company

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			Vice President Name		
Peter J. St.Lawrence			Peter J. St.Lawrence		
Street Address			Street Address		
43 Starr Street			43 Starr Street		
City	State	Zip	City	State	Zip
Johnston	Rhode Island	02919	Johnston	Rhode Island	02919
Secretary Name			Treasurer Name		
Karen St.Lawrence			Peter J. St.Lawrence		
Street Address			Street Address		
43 Starr Street			43 Starr Street		
City	State	Zip	City	State	Zip
Johnston	Rhode Island	02919	Johnston	Rhode Island	02919

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name			Director Name		
Peter J. St.Lawrence			Karen St.Lawrence		
Street Address			Street Address		
43 Starr Street			43 Starr Street		
City	State	Zip	City	State	Zip
Johnston	Rhode Island	02919	Johnston	Rhode Island	02919
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ | **10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐**

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000 No Par Value	Common	None	N/A		
			THIS SECTION MUST BE COMPLETED		

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.

[redacted] [redacted]

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.

Peter J. St.Lawrence 2/26/08
Signature *Date*

Peter J. St.Lawrence
Print or Type Name

[redacted] President
Title

File Date FILED
Check No. FEB 28 2008
By 1016
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