



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2006

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. 000017884		2. Name of Corporation Raymond Construction Co., Inc.			
3. Street Address Principal Business Office 328 High Street			City Bristol	State RI	Zip 02809
4. Business Phone No. 401-253-8040		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Building, erecting, constructing, repairing and/or otherwise dealing in all types of buildings.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Raymond DeLeo			Vice President Name		
Street Address 2 High Street			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Secretary Name Gerard McGovern DeCelles			Treasurer Name Raymond DeLeo		
Street Address 11 Hillside Avenue			Street Address 2 High Street		
City Barrington	State RI	Zip 02806	City Bristol	State RI	Zip 02809
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Raymond DeLeo			Director Name		
Street Address 2 High Street			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
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 <u>MUST</u> BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300	Common	No Par Value	300	Common	No Par Value

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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.

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.

Signature  Date 8/21/08
Raymond DeLeo
Print or Type Name
President
Title

File Date _____
Check No. _____
By: _____
FILED
AUG 22 2008
FOR SECRETARY OF STATE USE ONLY
By 