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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 \_

2011

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(e) is

subject to a penalty fee of \$25,00.					
1. Corporate ID No. 41347	2. Name of Corporation R & D Construction Co., Inc.				
3. Street Address Principal Business Office 249 Child Street			<sup>Cin</sup> Warren	State RI	<sup>Zip</sup> 02885
4. Business Phone No. 5. State of Incorporation (401) 245-6692 Rhode Islam			nd		- 1
6. Brief Description of the Character of Residential and C					A-18
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT)   FILL IN SP	ACES REFORE USING A	TTACHMENTS
President Name Diane Nichols			Vice President Name Robert Nichols		
Street Address 68 Orchard Avenue			Street Address 68 Orchard Avenue		
Chy Barrington	State RI	<sup>Ζίρ</sup> 02806	City Barrington	State RI	<sup>Zip</sup> 02806
Secretary Name Arthur M. Read, II, Esq.			Treasurer Name Diane Nichols		
Street Address 300 Centerville Rd., Suite 100E			Street Address 68 Orchard Avenue		
City Warwick	State RI	<sup>Zip</sup> 02886	Cuy Barrington	State RI	<sup>Zip</sup> 02806
8. NAMES AND ADDRESSES	OF THE DIRECTOR	' S: <i>("X" BOX FOR ATT</i>	: FACHMENT) □ FILL IN :	SPACES BEFORE USING	ATTACHMENTS
Director Name		•	Director Name		CRE CRE
Street Address			Street Address		R CRACE
Сііу	State	Zip	City	State	Zip OSAC
Director Name			Director Name		AN IO:
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
			Number of Shares	Class/Series	Par VOSA
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.			100	OANG GENERAL	No Extralue
instruction sheet.					→ 500km
This report must be executed	on behalf of the corp	poration by an authorize	d representative. If the co	rporation is in the hands	of Feceiver Etrustee,
this report must be executed	on behalf of the corpo	oration by the receiver	or trustee.		); t
	n				
FILE	#1 e**				at I have examined this report ements, and that all statement
File Date MAR 202	012		contained herein are		3/12/12
Check No. On 164670 10:41  By:			Signature APTHID M	DEAD IT ECO	Date
			Print or Type Name	READ, II, ESQ.	
FOR SECRETARY OF STATE USE ONLY			SECRETARY  Title		
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