



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 113333		2. Exact name of the Corporation R & P Construction Incorporated			
3. Principal office address 43 Starr Street			City Johnston	State RI	Zip 02919
4. Business Phone No. (401) 944-4221			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island A Construction Company					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Peter J. St.Lawrence			Vice-President Name Peter J. St.Lawrence		
Street Address 43 Starr Street			Street Address 43 Starr Street		
City Johnston	State RI	Zip 02919	City	State RI	Zip 02919
Secretary Name Peter St.Lawrence			Treasurer Name Peter J. St.Lawrence		
Street Address 28 Starr Street			Street Address 43 Starr Street		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Peter J. St.Lawrence			Director Name Peter St.Lawrence		
Street Address 43 Starr Street			Street Address 28 Starr Street		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1	Common	No-Par

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.

FILED

MAR 23 2012

File Date _____

Check No _____

By: _____

By *MJC*

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. Lawrence
Signature of Authorized Representative

03/16/2012

Date

Peter J. St.Lawrence - President

Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY *OK # 2762*