



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. 34455		2. Exact name of the Corporation Roberts Construction, Inc			
3. Principal office address 277 West Avenue		City Pawtucket	State RI	Zip 02860	
4. Business Phone No. 4017266730		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island Construction					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Deborah A. Rich			Vice-President Name Antonio DaLuz		
Street Address B River St.			Street Address 40 Eaton St		
City Smithfield	State RI	Zip 02917	City Pawtucket	State RI	Zip 02861
Secretary Name Antonio DaLuz			Treasurer Name Deborah A. Rich		
Street Address 40 Eaton St.			Street Address B River Street		
City Pawtucket	State RI	Zip 02861	City Smithfield	State RI	Zip 02917
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	
300 NUPAR		Com		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.

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

APR 27 2012

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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.

Deborah A. Rich
Signature of Authorized Representative

Date

Deborah A. Rich
Print or Type Name of Authorized Representative

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SECRETARY OF STATE
CORPORATIONS DIV