



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 2013

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. 794846		2. Exact name of the Corporation Robert Gorman Construction, Inc.			
3. Principal office address 137 Carol Drive			City Raynham	State MA	Zip 02767
4. Business Phone No. 508-880-6413			5. State of Incorporation Massachusetts		
6. Brief description of the character of business conducted in Rhode Island Construction, remodeling, roofing and related activities, as well as all lawful business.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Robert C. Gorman			Vice-President Name		
Street Address 137 Carol Drive			Street Address		
City Raynham	State MA	Zip 02767	City	State	Zip
Secretary Name Robert C. Gorman			Treasurer Name Robert C. Gorman		
Street Address 137 Carol Drive			Street Address 137 Carol Drive		
City Raynham	State MA	Zip 02767	City Raynham	State MA	Zip 02767
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Robert C. Gorman			Director Name		
Street Address 137 Carol Drive			Street Address		
City Raynham	State MA	Zip 02767	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
			200,000	Common no par	Without par value.

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 SECRETARY OF STATE
 CORPORATIONS DIV

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

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.

FILED

Signature of Authorized Representative

Date

MAR 22 2013

Robert C. Gorman

Print or Type Name of Authorized Representative

BY 00193386