



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 2014

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. 0071137		2. Exact name of the Corporation River Point Const, Inc.	
3. Principal office address 8 Deborah Ct		City West Warwick	State RI
4. Business Phone No. 401-821-5974		5. State of Incorporation RI	
6. Brief description of the character of business conducted in Rhode Island General Contracting services, including masonry, asphalt, carpentry and other related duties relative construction repairs on buildings, roads, private work.			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Joao F. Medeiros		Vice-President Name MARIA A. Medeiros	
Street Address 8 Deborah Ct		Street Address 8 Deborah Ct	
City West Warwick	State RI	City West Warwick	State RI
Zip 02893		Zip 02893	
Secretary Name MARIA A. Medeiros		Treasurer Name Joao F. Medeiros	
Street Address 8 Deborah Ct		Street Address 8 Deborah Ct	
City West Warwick	State RI	City West Warwick	State RI
Zip 02893		Zip 02893	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Joao F. Medeiros		Director Name MARIA A. Medeiros	
Street Address 8 Deborah Ct		Street Address 8 Deborah Ct	
City West Warwick	State RI	City West Warwick	State RI
Zip 02893		Zip 02893	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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
		100	Common/No Par
			PAR VALUE

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

Form No. 630
Revised: 01/2012

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 of Authorized Representative
Joao F. Medeiros
Date
3/14/14

Print or Type Name of Authorized Representative
Joao F. Medeiros

FILED
MAR 17 2014
3412