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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.	2. Exact name of the Corporation
107084	Reco Constructors, Inc.

3. Principal office address	City	State	Zip
710 Hospital Street	Richmond	VA	23219

4. Business Phone No.	5. State of Incorporation
(804) 644-2611	Virginia

6. Brief description of the character of business conducted in Rhode Island
Specialty Contractor - Erector Steel Tanks

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Jerry Dawson	Leslie W. Dixon & John O. Moss
Street Address: 710 Hospital Street	Street Address: 710 Hospital Street
City: Richmond, State: VA, Zip: 23219	City: Richmond, State: VA, Zip: 23219
Secretary Name: Leslie W. Dixon	Treasurer Name:
Street Address: 710 Hospital Street	Street Address:
City: Richmond, State: VA, Zip: 23219	City: , State: , Zip:

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Robert C. Courain, Jr.	James C. Foster, Jr.
Street Address: 710 Hospital Street	Street Address: 710 Hospital Street
City: Richmond, State: VA, Zip: 23219	City: Richmond, State: VA, Zip: 23219
Director Name:	Director Name:
Street Address:	Street Address:
City: , State: , Zip:	City: , State: , Zip:

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	CWP	$100

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 _____ **FILED**

Check No _____ JUN 09 2014

By: _____

FOR SECRETARY OF STATE USE ONLY BY 2\11\4

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.

James C Foster Jr. 06/02/2014
Signature of Authorized Representative Date

James C. Foster, Jr. Assistant Secretary/Director
Print or Type Name of Authorized Representative

Form No.
Revised

107999-20-953205