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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 2015

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
859046	**RHODE ISLAND CONSTRUCTION & DESIGN, INC.**

3. Principal office address	City	State	Zip
4 COTE COURT	**COVENTRY**	**RI**	**02816**

4. Business Phone No.	5. State of Incorporation
4016231237	**RI**

6. Brief description of the character of business conducted in Rhode Island
CONSTRUCTION

[redacted] ☐

President Name	Vice-President Name
DONALD J. PALLESCHI	**DONALD J. PALLESCHI**
Street Address: **4 COTE COURT**	Street Address: **4 COTE COURT**
City: **COVENTRY** State: **RI** Zip: **02816**	City: **COVENTRY** State: **RI** Zip: **02816**
Secretary Name: **DONALD J. PALLESCHI**	Treasurer Name: **DONALD J. PALLESCHI**
Street Address: **4 COTE COURT**	Street Address: **4 COTE COURT**
City: **COVENTRY** State: **RI** Zip: **02816**	City: **COVENTRY** State: **RI** Zip: **02816**

[redacted] ☐

Director Name	Director Name
DONALD J. PALLESCHI	
Street Address: **4 COTE COURT**	Street Address:
City: **COVENTRY** State: **RI** Zip: **02816**	City: State: Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

[redacted] ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	0.0100

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.

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.

[redacted]

FILED
DEC 2014
1154

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 Date

DONALD J. PALLESCHI, PRESIDENT
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012