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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
541388	R.T.P. Associates Inc.

3. Principal office address	City	State	Zip
916 Pleasant Street, Unit 1	Norwood	MA	02062

4. Business Phone No.	5. State of Incorporation
(781) 551-8885	Massachusetts

6. Brief description of the character of business conducted in Rhode Island
General Contracting and Construction

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

President Name	Vice-President Name
Peter M. Killelea	none
Street Address: 69 Richards Street	Street Address:
City: Dedham, State: MA, Zip: 02026	City: , State: , Zip:
Secretary Name: Peter M. Killelea	Treasurer Name: Peter M. Killelea
Street Address: 69 Richards Street	Street Address: 69 Richards Street
City: Dedham, State: MA, Zip: 02026	City: Dedham, State: MA, Zip: 02026

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

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) ☐		
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
	15,000	Common	$1.00 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.

FILED

File Date DEC 22 2014
Check No
By: BY
FOR SECRETARY OF STATE USE ONLY 201452380300

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 12/17/14

Peter M. Killelea
Print or Type Name of Authorized Representative

Form No. 630
1149743-903893
Revised: 01/2012