



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. 505942		2. Exact name of the Corporation Construction & Rehabilitation, Inc.			
3. Principal office address P.O. Box 545		City Saunderstown	State RI	Zip 02874	
4. Business Phone No. 401-339-4903		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To engage in any lawful business.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Carol A. O'Donnell		Vice-President Name Carol A. O'Donnell			
Street Address P.O. Box 545		Street Address P.O. Box 545			
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Secretary Name Carol A. O'Donnell		Treasurer Name Carol A. O'Donnell			
Street Address P.O. Box 545		Street Address P.O. Box 545			
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
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) <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 SHARED		CLASS/SERIES		PAR VALUE	
100		CWP		\$0.01	

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 SECRETARY OF STATE
 CORPORATIONS DIV
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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

FILED

FEB 26 2015

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.

Carol A. O'Donnell 2-24-15
 Signature of Authorized Representative Date

Carol A. O'Donnell
 Print or Type Name of Authorized Representative

BY CA 243283