



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. 44399		2. Exact name of the Corporation RIPICO BUILDERS, INC.			
3. Principal office address P.O. Box 36			City Barrington	State RI	Zip 02806
4. Business Phone No. (401) 246-0452		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Contractor/Builder					
President Name Richard J. Piette			Vice-President Name Richard J. Piette		
Street Address P.O. Box 36			Street Address P.O. Box 36		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name Richard J. Piette			Treasurer Name Richard J. Piette		
Street Address P.O. Box 36			Street Address P.O. Box 36		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Director Name NONE			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
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
			1	Common	No Par

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.

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 3/24/15

Richard J. Piette, President
 Print or Type Name of Authorized Representative _____

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