



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

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**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.<br><b>146577</b>   |                    | 2. Exact name of the Corporation<br><b>Rice's Construction Company, Inc.</b> |   |                    |                     |
| 3. Principal office address<br><b>P. O. Box B</b>   |                    | City<br><b>Block Island</b>  |   | State<br><b>RI</b> | Zip<br><b>02807</b> |
| 4. Business Phone No.<br><b>401-466-8964</b>  |                    | 5. State of Incorporation<br><b>Rhode Island</b>                             |   |                    |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>Excavation and septic system installation &amp; repair/replacement; school bus operator</b> |                    |  |   |                    |                     |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |                    |  |   |                    |                     |
| President Name<br><b>Sandra D. Rice</b>   |                    |  | Vice-President Name<br><b>Cyrus G. Dulac</b>                        |                    |                     |
| Street Address<br><b>P. O. Box B</b>  |                    |  | Street Address<br><b>P. O. Box B</b>                                |                    |                     |
| City<br><b>Block Island</b>   | State<br><b>RI</b> | Zip<br><b>02807</b>  | City<br><b>Block Island</b>   | State<br><b>RI</b> | Zip<br><b>02807</b> |
| Secretary Name<br><b>Sandra D. Rice</b>   |                    |  | Treasurer Name<br><b>Sandra D. Rice</b>                             |                    |                     |
| Street Address<br><b>P. O. Box B</b>  |                    |  | Street Address<br><b>P. O. Box B</b>                                |                    |                     |
| City<br><b>Block Island</b>   | State<br><b>RI</b> | Zip<br><b>02807</b>  | City<br><b>Block Island</b>   | State<br><b>RI</b> | Zip<br><b>02807</b> |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>   |                    |  |   |                    |                     |
| Director Name<br><b>Sandra D. Rice</b>  |                    |  | Director Name   |                    |                     |
| Street Address<br><b>P. O. Box B</b>  |                    |  | Street Address  |                    |                     |
| City<br><b>Block Island</b>   | State<br><b>RI</b> | Zip<br><b>02807</b>  | 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.<br>See Section 9 of Instruction sheet.                 |                    |  | NUMBER OF SHARES  | CLASS/SERIES       | PAR VALUE           |
|   |                    |  | 100   | A                  | No 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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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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.

Sandra D. Rice  
Signature of Authorized Representative

2-21-15  
Date

Sandra D. Rice

Print or Type Name of Authorized Representative