



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. 57198		2. Exact name of the Corporation R & T SANTOS, INC.			
3. Principal office address 44 SAWYER DRIVE			City COVENTRY	State RI	Zip 02816
4. Business Phone No.			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island EXCAVATION, LANDSCAPING AND IMPROVEMENT					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name TODD F. SANTOS			Vice-President Name ERIC SANTOS		
Street Address 44 SAWYER DRIVE			Street Address 924 HILL FARM ROAD		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Secretary Name DAWN L. SANTOS			Treasurer Name DAWN L. SANTOS		
Street Address 44 SAWYER DRIVE			Street Address 44 SAWYER DRIVE		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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
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 SHARES	CLASS/SERIES	PAR VALUE
			200	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.

FILED

File Date _____

Check No _____

By: _____

MAR 13 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.

Todd F. Santos 3/6/15
 Signature of Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY BY *[Signature]*

TODD F. SANTOS

Print or Type Name of Authorized Representative

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