



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. 4607		2. Exact name of the Corporation COMPTON CONSTRUCTION CO., INC			
3. Principal office address 306 HIGHLAND RD			City TIVERTON	State RI	Zip 02878
4. Business Phone No. 401-635-4600			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island BUILDING CONSTRUCTION AND REMODELING					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name RICHARD F. ROGERS, Jr			Vice-President Name RICHARD F. ROGERS		
Street Address 306 HIGHLAND RD			Street Address 306 HIGHLAND RD		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
Secretary Name JOYCE ROGERS			Treasurer Name RICHARD F. ROGERS Jr		
Street Address 306 HIGHLAND RD			Street Address 306 HIGHLAND RD		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name RICHARD F. ROGERS			Director Name JOYCE ROGERS		
Street Address 306 HIGHLAND RD			Street Address 306 HIGHLAND RD		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
Director Name RICHARD F. ROGERS, Jr			Director Name		
Street Address 306 HIGHLAND RD			Street Address		
City TIVERTON	State RI	Zip 02878	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
			99	COMMON	NONE

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

MAR 25 2015

By 245545

ICM

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.

CCCI
 by Richard F. Rogers Jr - Pres 3-24-15
 Signature of Authorized Representative Date

CCCI
 by Richard F. Rogers Jr - Pres
 Print or Type Name of Authorized Representative