



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. 21546		2. Exact name of the Corporation ROBINSON CONSTRUCTION, CORP.			
3. Principal office address 145 Ingersoll Avenue		City Warwick	State RI	Zip 02886	
4. Business Phone No. 401-739-5699		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Real estate holding and construction					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Shawn T. Robinson			Vice-President Name Shawn T. Robinson		
Street Address 145 Ingersoll Avenue			Street Address 145 Ingersoll Avenue		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Dorothy J. Robinson			Treasurer Name Shawn T. Robinson		
Street Address 145 Ingersoll Avenue			Street Address 145 Ingersoll Avenue		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Shawn T. Robinson			Director Name Dorothy J. Robinson		
Street Address 145 Ingersoll Avenue			Street Address 145 Ingersoll Avenue		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY **MAR 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.

Shawn T. Robinson
Signature of Authorized Representative

3/18/15
Date

Shawn T. Robinson

Print or Type Name of Authorized Representative

BY *245660*