RI SOS Filing Number: 201564555180 Date: 07/08/2015 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No	2. Name of Corporation		
67243	R & D Building Concepts, Inc.		
3. Street Address Principal Business Office	City	State	Zip
P.O. Box 174	Bristol	RI	02809
4. Business Phone No.	5. State of Incorporation		
	Rhode Island		

6. Brief Description of the Character of Business Conducted in Rhode Island

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
Jenell L. Pratas	Jenell L. Pratas
Street Address	Street Address
P.O. Box 174	P.O. Box 174
City / State / Zip	City / State / Zip
Bristol / RI / 02809	Bristol / RI / 02809
Secretary Name	**Treasurer Name**
Jenell L. Pratas	Jenell L. Pratas
Street Address	Street Address
P.O. Box 174	P.O. Box 174
City / State / Zip	City / State / Zip
Bristol, / RI / 02809	Bristol / RI / 02809

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
n/a	
Street Address	Street Address
City / State / Zip	City / State / Zip
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

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SECRETARY OF STATE
CORPORATIONS DIV.

9. SHARES AUTHORIZED
1000 common no par value

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
-0-	common	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.

[redacted]

FILED
JUL 08 2015
By 252423

File Date 122804-1-1044717
Check No.

[redacted]

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.

X _____ 7-8-15
Signature Date

Jenell L. Pratas, President
Print or Type Name