

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 _

Filing Period: January 1 - March 1 · This report must be typed or printed legibly.

		LE THIS KEPORT BY M	IAHUR 31 WILL RES	ULI IN A \$25.00 PEN	ALIT FEC.				
1. Entity ID No.		2. Exact name of the Corporation							
147363	C.B. RA	C.B. RANDALL & SONS CONSTRUCTION CORP.							
3. Principal office address 124 WAYNE ST			City WARWICK	State RI	Zip 02889				
4. Business Phone No. 401-739-9863			5. State of Incorporation RHODE ISLAND						
6. Brief description of the cha TO PROVIDE HAULII									
7 (PET (AN COPPICERS (MAY BY INDIANDRESSES) (PET BOXIE) (MAY BOXIE			Vice-President Name WILLIAM H RANDALL III						
Street Address 124 WAYNE ST			Street Address 124 WAYNE ST						
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889				
Secretary Name TIMOTHY A RANDALL			Treasurer Name CHON O RANDALL						
Street Address 124 WAYNE ST			Street Address 124 WAYNE ST						
City WARWICK	State RI	Zip 02889	City State RI		Zip 02889				
ASES ALL DIRECTORS (NAMES AND ADD	RESSES) (*X4.BOX FOR	ATTACHKE(T)		表说:" 我 了。"				
Director Name CHON O RANDALL			Director Name	25					
Street Address 124 WAYNE ST			Street Address						
City WARWICK	State RI	Zip 02889	City	State	Zip 3				
Director Name		Director Name							
Street Address			Street Address						
City	State	Zip	City	State	Zip S In				
9/SHARES AUTHORIZED		Maria de la Caracteria de C	10, SHARES ISSUED	("X" BOX FOR ATTAC	HMENT)				
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE				
This information is currently of record in the Office of the Secretary of State. Changes require an additional filling. See Section 9 of instruction sheet.		NONE							
This report must be execute		corporation by an authorize st be executed on behalf of	f the corporation by the r	eceiver or trustee.	ds of a receiver or trustee,				

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FILED AUG 31 2015 this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Representative

CHON O RANDALL

Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012