



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 2016

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. 517962		2. Exact name of the Corporation Russells Mills Contracting, Inc.			
3. Principal office address 151 Russells Mills Road		City Dartmouth		State MA	Zip 02748
4. Business Phone No. 401-524-1928		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Construction and contracting, excavation work					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Tammy Medeiros			Vice-President Name Tammy Medeiros		
Street Address 151 Russells Mills Road			Street Address 151 Russells Mills Road		
City Dartmouth	State MA	Zip 02748	City Dartmouth	State MA	Zip 02748
Secretary Name Tammy Medeiros			Treasurer Name Tammy Medeiros		
Street Address 151 Russells Mills Road			Street Address 151 Russells Mills Road		
City Dartmouth	State MA	Zip 02748	City Dartmouth	State MA	Zip 02748
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Tammy Medeiros			Director Name		
Street Address 151 Russells Mills Road			Street Address		
City Dartmouth	State MA	Zip 02748	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
			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.

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

JAN 06 2016

HL 1146

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.

Tammy D. Medeiros 12/21/15
Signature of Authorized Representative Date
Tammy D. Medeiros
Print or Type Name of Authorized Representative