

3. Principal office address 981 Main Street

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

Resource Construction, Inc.

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.

2. Exact name of the Corporation

	LL RESULT IN A \$25.00 PENALTY FEE.

West Warwick

Zip **02893**

State

RI

4. Business Phone No. (401) 828-7310			Rhode Island			
3. Brief description of the charac	cter of business con	ducted in Rhode Island	1			
General construction.						
VELISTAL POFFICERS (NAM	ES AND ADDRESS	ES) "X" BOX FOR A	TACHMENT			
President Name Edward P. Flanagan, Jr.			Vice-President Name Edward P. Flanagan, Jr.			
Street Address 981 Main Street			Street Address 981 Main Street			
City West Warwick	State RI	Zip 02893	City State RI		^{Zip} 02893	
Secretary Name Edward P. Flanagan, Jr.			Treasurer Name Edward P. Flanagan, Jr.			
Street Address 981 Main Street			Street Address 981 Main Street			
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893	
8. LIST <u>all</u> directors (NA	MES AND ADDRES	SES) ("X" BOX FOR	ATTACHMENT)	Bangaran and San Andreas	**Anim *** *** *** *** *** *** *** *** *** *	
Director Name Edward P. Flanagan, Jr.			Director Name			
Street Address 981 Main Street			Street Address			
City West Warwick	State RI	Zip 02893	City State		Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSÚE	D ("X" BOX FOR ATTAC	HMENT)	
	v.v	TARLET BERN THE STATE OF THE ST	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.			1,000	Common	No Par	
See Section 9 of Instruction s			to Alberta v			
This report must be executed of	on behalf of the corp this report must be	oration by an authorize executed on behalf of	ed representative. If the f the corporation by the i	corporation is in the hand receiver or trustee.	Is of a receiver or trustee,	
Management of the control of the con		FILED	Under penalty of p	erjury, I declare and aff	irm that I have examined	
File Date	The second of th		this report, includi and that all statem	ing any accompanying a nepts contained herein a	schedules and statements, are true and correct.	
Check No		JAN 1 9 2016		Lanag	In for 1-1.	
By:		5(, -	. •	rized Representative	Date	
FOR SECRETARY OF STATE	EUSE ONLEY _	200-	Edward P. Fla		A - N	
Form No. 630			Print or Type Name	of Authorized Represen	tative	

Revised: 01/2012