



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

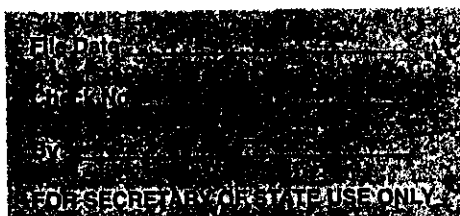
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

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. 150017		2. Exact name of the Corporation RYCRAM CONSTRUCTION CO., INC.			
3. Principal office address 210 Goddard Row		City Newport		State RI	Zip 02840
4. Business Phone No. 508-996-3320		5. State of Incorporation Massachusetts			
6. Brief description of the character of business conducted in Rhode Island Installation & Maintenance of swimming pools & spas and repairing same.					
7. US ALL OFFICER NAMES AND ADDRESSES (X) BOX FOR ATTACHMENT ☐					
President Name Paul S. Flanagan			Vice-President Name None		
Street Address 32 Wilson St.,			Street Address N/A		
City Dartmouth	State MA	Zip 02748	City	State	Zip
Secretary Name Paul S. Flanagan			Treasurer Name Bernice M. Flanagan		
Street Address 32 Wilson St.			Street Address 32 Wilson St.		
City Dartmouth	State MA	Zip 02748	City Dartmouth	State MA	Zip 02748
8. US ALL DIRECTOR NAMES AND ADDRESSES (X) BOX FOR ATTACHMENT ☐					
Director Name Paul S. Flanagan			Director Name Bernice M. Flanagan		
Street Address 32 Wilson St.			Street Address 32 Wilson St.		
City Dartmouth	State MA	Zip 02748	City Dartmouth	State MA	Zip 02748
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.					

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.



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.

[Signature] 1-18-16
Signature of Authorized Representative Date

Paul S. Flanagan
Print or Type Name of Authorized Representative