



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. 125510		2. Exact name of the Corporation Richmond Gardner Builder, Inc			
3. Principal office address 60 South County Commons Way, Suite G4		City Wakefield	State RI	Zip 02879	
4. Business Phone No. 401-788-9080		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To conduct and carry on the business of general contractors and builders					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Richmond Gardner		Vice-President Name Emerson Gardner			
Street Address 2695 Commodore Oliver Hazard Perry Highway		Street Address 356 Cards Pond Road			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Emerson Gardner		Treasurer Name Richmond Gardner			
Street Address 356 Cards Pond Road		Street Address 2695 Commodore Oliver Hazard Perry Highway			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Richmond Gardner		Director Name Emerson Gardner			
Street Address 2695 Commodore Oliver Hazard Perry Highway		Street Address 356 Cards Pond Road			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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
			100	Common	No Par

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

Form No. 630
Revised: 01/2012

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.

FILED

FEB 26 2016

BY

3170

Signature of Authorized Representative

Richmond Gardner

Print or Type Name of Authorized Representative

Date

1/29/16