



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. 505942		2. Exact name of the Corporation Construction & Rehabilitation, Inc.			
3. Principal office address P.O. Box 545		City Saunderstown		State RI	Zip 02874
4. Business Phone No. 401-339-4903		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To engage in any lawful business.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Carol A. O'Donnell			Vice-President Name Carol A. O'Donnell		
Street Address P.O. Box 545			Street Address P.O. Box 545		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Secretary Name Carol A. O'Donnell			Treasurer Name Carol A. O'Donnell		
Street Address P.O. Box 545			Street Address P.O. Box 545		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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.					

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2016 FEB 29 PM 1:19

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
 FEB 29 2016
 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.
Carol A. O'Donnell 2-9-16
 Signature of Authorized Representative Date
Carol A. O'Donnell
 Print or Type Name of Authorized Representative

BY CA268889