

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

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. 000122532		2. Exact name of the Corporation RICK SHIPMAN CONSTRUCTION INC.			
3. Principal office address N/A		City		State	Zip
4. Business Phone No. 573-624-5065		5. State of Incorporation MO			
6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name RICKIE L SHIPMAN			Vice-President Name		
Street Address 16318 COUNTY ROAD 511A			Street Address		
City DEXTER	State MO	Zip 63841	City	State	Zip
Secretary Name BARBARA A SHIPMAN			Treasurer Name		
Street Address 16318 COUNTY ROAD 511A			Street Address		
City DEXTER	State MO	Zip 63841	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
Director Name RICK SHIPMAN			Director Name		
Street Address 16318 COUNTY ROAD 511A			Street Address		
City DEXTER	State MO	Zip 63841	City	State	Zip
Director Name BARBARA SHIPMAN			Director Name		
Street Address 16318 COUNTY ROAD 511A			Street Address		
City DEXTER	State MO	Zip 63841	City	State	Zip
9. SHARES AUTHORIZED					
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.			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			500	COMMON	1

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: _____

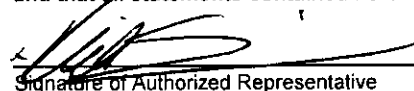
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FILED

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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 of Authorized Representative

03-14-16
Date

RICK SHIPMAN

Print or Type Name of Authorized Representative