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.	2. Exact name of the Corporation
161080	**RCL Construction, Inc.**

3. Principal office address	City	State	Zip
664 Gravely Hill Road	**Wakefield**	**RI**	**02879**

4. Business Phone No.	5. State of Incorporation
401-788-8378	**Rhode Island**

6. Brief description of the character of business conducted in Rhode Island
General construction and any other lawful business

RECEIVED
2016 MAR 31 PM 2:30
SECRETARY OF STATE
CORPORATIONS DIV

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Ronald LaChance	
Street Address: **664 Gravely Hill Road**	Street Address:
City: **Wakefield** State: **RI** Zip: **02879**	City: State: Zip:
Secretary Name: **Cynthia Holt**	Treasurer Name: **Cynthia Holt**
Street Address: **664 Gravely Hill Road**	Street Address: **664 Gravely Hill Road**
City: **Wakefield** State: **RI** Zip: **02879**	City: **Wakefield** State: **RI** Zip: **02879**

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Ronald LaChance	**Cynthia Holt**
Street Address: **664 Gravely Hill Road**	Street Address: **664 Gravely Hill 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

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
200	Common	None

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
MAR 31 2016
By 271421

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.

Ronald J LaChance 1/10/16
Signature of Authorized Representative Date

Ronald LaChance
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012