

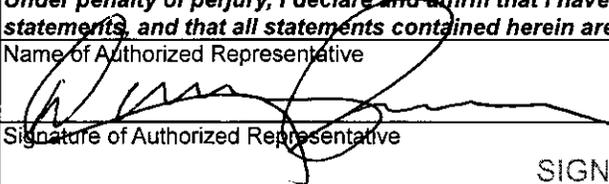


State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

Annual Report for the year: 2016  
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2016 OCT -3 AM 9:15

1. Entity ID Number <u>137363</u>		2. Exact name of the Corporation <u>Royal Construction Company Inc</u>			
3. Principal Office Address <u>103 DE PINEDO ST</u>			City <u>PROV</u>	State <u>RI</u>	Zip <u>02904</u>
4. Business Phone Number <u>401-241-4347</u>			5. State of Incorporation <u>RI</u>		
6. Brief description of the character of business conducted in Rhode Island <u>General Contractor Home Improvement</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>Darran Rosse</u>			Vice-President Name <u>N/A</u>		
Street Address <u>103 DePinedo St</u>			Street Address		
City <u>PROV</u>	State <u>RI</u>	Zip <u>02904</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address <u>N/A</u>			Street Address <u>N/A</u>		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>N/A</u>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<u>— 0 —</u>		
11. 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. <b>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.</b>					
Name of Authorized Representative 				Date <u>10/3/14</u>	
SIGN DOCUMENT HERE					

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

FILED

OCT 03 2016

BY 0284937