



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.

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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) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Darran Rosse</u>			Vice-President Name <u>N/A</u>		
Street Address <u>103 DePinedo St</u>			Street Address <u>N/A</u>		
City <u>PROV</u>	State <u>RI</u>	Zip <u>02904</u>	City	State	Zip
Secretary Name			Treasurer Name <u>N/A</u>		
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) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>N/A</u>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
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. 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.					
Name of Authorized Representative <u>[Signature]</u>				Date <u>10/3/14</u>	
Signature of Authorized Representative					
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 284937

FORM 630 - Revised: 05/2016