



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 517962		2. Exact name of the Corporation Russells Mills Road Construction, Inc.			
3. Principal Office Address 151 Russells Mills Road		City Dartmouth		State MA	Zip 02748
4. NAICS Code 81 - Other Services (except Pul	6. Brief description of the character of business conducted in Rhode Island Construction and contracting, excavation work.				
5. State of Incorporation					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Tammy Medeiros			Vice-President Name Tammy Medeiros		
Street Address 151 Russells Mills Road			Street Address 151 Russells Mills Road		
City Dartmouth	State MA	Zip 02748	City Dartmouth	State MA	Zip 02748
Secretary Name Tammy Medeiros			Treasurer Name Tammy Medeiros		
Street Address 151 Russells Mills Road			Street Address 151 Russells Mills Road		
City Dartmouth	State MA	Zip 02748	City Dartmouth	State MA	Zip 02748
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Tammy Medeiros			Director Name		
Street Address 151 Russells Mills Road			Street Address		
City Dartmouth	State MA	Zip 02748	City	State	Zip
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 Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			Common		No Par Value
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 Tammy D. Medeiros					Date 1/17/17
Signature of Authorized Representative Tammy D. Medeiros					

SIGN DOCUMENT HERE

FILED

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

JAN 23 2017

BY

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FORM 630 - Revised: 10/2016