



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 <b>3747</b>		2. Exact name of the Corporation <b>THE RHODE ISLAND CASE CONSTRUCTION COMPANY</b>			
3. Principal Office Address <b>225 WAMPANOAG TRAIL</b>		City <b>EAST PROVIDENCE</b>		State <b>RI</b>	Zip <b>02915</b>
4. NAICS Code <b>23 - Construction</b>	6. Brief description of the character of business conducted in Rhode Island <b>GENERAL CONTRACTOR</b>				
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>FRANK N. GUSTAFSON, II</b>			Vice-President Name <b>KURT T. GUSTAFSON</b>		
Street Address <b>225 WAMPANOAG TRAIL</b>			Street Address <b>1560 STONY LANE</b>		
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02915</b>	City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>
Secretary Name <b>KURT T. GUSTAFSON</b>			Treasurer Name <b>FRANK N. GUSTAFSON, II</b>		
Street Address <b>1560 STONY LANE</b>			Street Address <b>225 WAMPANOAG TRAIL</b>		
City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02915</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>NONE</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			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.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		COMMON		NO PAR	
Changes require an additional filing.					
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 <b>FRANK N. GUSTAFSON, II</b>				Date <b>2/8/17</b>	
Signature of Authorized Representative <i>Frank N. Gustafson, II</i>					

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

FILED  
BY **049257**  
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