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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

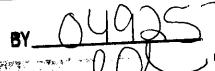
Annual Report for the year:	2017
Corporation	

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.0	0 fee if form is n	ot filed by April 1.						
1. Entity ID Number	2. Exact nam	2. Exact name of the Corporation						
3747	THE RHOD	THE RHODE ISLAND CASE CONSTRUCTION COMPANY						
3. Principal Office Address			City		State	Zip		
225 WAMPANOAG TRAIL			EAST PRO	VIDENCE	RI	02915		
4. NAICS Code	6. Brief desc	ription of the charac	ter of business	conducted in Rhode	e Island			
23 - Construction	GENERAL	GENERAL CONTRACTOR						
5. State of Incorporation		7						
RHODE ISLAND								
7. List ALL officers (names and					ck the box to ir	ndicate an attachment 🔲		
President Name FRANK N. GUSTAFSON, II			Vice-President Name KURT T. GUSTAFSON					
Street Address 225 WAMPANOAG TRAIL			Street Address 1560 STONY LANE					
City EAST PROVIDENCE	State RI	<sup>Zip</sup> 02915	City NORTH KINGSTOWN		State RI	State RI Zip 02852		
Secretary Name KURT T. GUSTA	AFSON		Treasurer Na	Treasurer Name FRANK N. GUSTAFSON, II				
Street Address 1560 STONY LANE		Street Address 225 WAMPANOAG TRAIL						
City NORTH KINGSTOWN	State RI	<sup>Zip</sup> 02852	City EAST PROVIDENCE Sta			<sup>Zip</sup> 02915		
8. List ALL directors (names and	d addresses)				ck the box to it	ndicate an attachment 🔲		
Director Name NONE 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	1	10. Shares Issued				ndicate an attachment 🔲		
This information is currently of re	ecord in the	NUMBER C	F SHARES	CLASS/SERIES		PAR VALUE		
Department of State.	rtment of State. 100			COMMON		NO PAR		
Changes require an additional fil	ing.		-					
11. This report must be execute	d on behalf of the	corporation by an	authorized repre	esentative. If the co	rporation is in t	he hands of a receiver or		
trustee, this report must be exe Under penalty of perjury, I de	clare and affirm	that I have examir	ed this report,	trustee. <i>Including any acc</i>	ompanying s	chedules and		
statements, and that all state		i herein are true a	id correct.	and the second s	Date			
Name of Authorized Representative FRANK N. GUSTAFSON, II		:		FILED	2/	(8/17		
Signature of Authorized Representative								
LER 4 0 5011								

**Division of Business Services** 



FORM 630 - Revised: 10/2016