



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

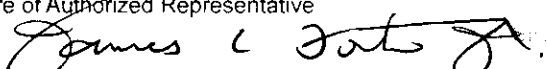
Annual Report for the year: **2017**

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 000107084		2. Exact name of the Corporation Reco Constructors, Inc.			
3. Principal Office Address 710 Hospital Street		City Richmond		State VA	Zip 23219
4. NAICS Code 23 - Construction	6. Brief description of the character of business conducted in Rhode Island Specialty Contractor - Erected Steel Tanks				
5. State of Incorporation VA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jerry L. Dawson			Vice-President Name Leslie W Dixon, John O Moss, Robert Bensley		
Street Address 710 Hospital Street			Street Address 710 Hospital Street		
City Richmond	State VA	Zip 23219	City Richmond	State VA	Zip 23219
Secretary Name Leslie W. Dixon			Treasurer Name N/A		
Street Address 710 Hospital Street			Street Address		
City Richmond	State VA	Zip 23216	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name James C. Foster, Jr.			Director Name Robert C. Courain, Jr.		
Street Address 710 Hospital Street			Street Address 710 Hospital Street		
City Richmond	State VA	Zip 23219	City Richmond	State VA	Zip 23219
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
			1000	Common	100.0000
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 James C. Foster, Jr.					Date 02/10/2017
Signature of Authorized Representative 					

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

BY

FEB 13 2017

FORM 630 - Revised: 02/2017