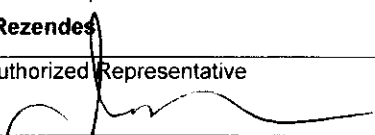




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 522054		2. Exact name of the Corporation Reliable Construction, Inc.			
3. Principal Office Address 21 Pearl Street			City Manville	State RI	Zip 02838
4. Business Phone Number: 401-640-5106		6. Brief description of the character of business conducted in Rhode Island Remodeling and construction			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Jonathan J. Rezendes			Vice-President Name Joseph J. Nickerson		
Street Address 21 Pearl Street			Street Address 4646 Raphael Avenue		
City Manville	State RI	Zip 02838	City Providence	State RI	Zip 02904
Secretary Name Jonathan J. Rezendes			Treasurer Name Jonathan J. Rezendes		
Street Address 21 Pearl Street			Street Address 21 Pearl Street		
City Manville	State RI	Zip 02838	City Manville	State RI	Zip 02838
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jonathan J. Rezendes			Director Name		
Street Address 21 Pearl Street			Street Address		
City Manville	State RI	Zip 02838	City	State	Zip
Director Name			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
			100	Common	.01
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. <i>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.</i>					
Name of Authorized Representative Jonathan J. Rezendes					Date 2.7.17
Signature of Authorized Representative 					FILED FEB 13 2017 584

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