RI SOS Filing Number: 201734924550 Date: 2/24/2017 4:00:00 PM

State of Rhode Island a Department of S			ivision		<del></del>		
Annual Report for the y Corporation  → Filing period: January 1 -  → Filing Fee: \$50.00  → Penalty: Additional \$25.00	March 1	iled by April 1.	-				
1. Entity ID Number	2. Exact name of	of the Corporation					
137363	ROYAL CONS	ROYAL CONSTRUCTION COMPANY INC.					
Principal Office Address     103 De Pinedo St			City Providence	<b>e</b>	State RI	Zip 02904	
4. NAICS Code	6. Brief descripti	on of the characte	r of business	conducted in Rhode Isla	and		
23 - Construction 5. State of Incorporation	Small residential construction and remodel projects, door and window replacement, kitchen and bathroom renovations						
RI							
7. List ALL officers (names and a	ddresses)	····		Check th	e box to ir	ndicate an attachment	
President Name Darran Rosse	Vice-President Name n/a						
Street Address 103 De Pinedo St			Street Address				
<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02904	City		State	Zip	
Secretary Name n/a			Treasurer Name n/a				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names and	addresses)				e box to ir	ndicate an attachment	
Director Name n/a			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 This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issue	Shares Issued Check the box to indicate an attachn NUMBER OF SHARES CLASS/SERIES PAR VALUE				
		100			no par value		
						**************************************	
11. This report must be executed					tion is in t	he hands of a receiver or	
trustee, this report must be executioned the condition of perjury, I declistatements, and that all statements.	are and affirm that	I have examined	this report, i	ncluding any accomp	anying so	chedules and	
Name of Authorized Representati  Darrap Rosse				Date 02/19/2017			
Signature of Authorized Represer	ntative			FILFII O	\		
N			_				

MAIL TO: Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FEB 2 4 2017

FORM 630 - Revised: 02/2017