RI SOS Filing Number: 201737261580 Date: 3/2/2017 4:00:00 PM

State of Rhode Island and Department of Sta			Division					
Annual Report for the ye	ar: 2017							
Corporation → Filing period: January 1 - M → Filing Fee: \$50.00	March 1		_					
→ Penalty: Additional \$25.00 for	ee if form is not t	filed by April 1.						
Entity ID Number	2. Exact name of	of the Corporation	n					
37708	R & M BUILD	ERS, INC.						
Principal Office Address			City		State	Zip		
13 Penny Lane			Cranston		RI	02921		
4. NAICS Code				conducted in Rhode Is	sland			
23 - Construction	general contra	actor home bui	lding					
State of Incorporation Rhode Island								
			·					
7. List ALL officers (names and add President Name Robert E. Moll	Vice-Presiden	Check the box to indicate an attachment Vice-President Name						
Street Address								
13 Penny Lane			Street Address	S				
City Cranston	State RI	^{Zip} 02921	City		State	Zip		
Secretary Name Robert E. Moli			Treasurer Nan	Treasurer Name Robert E. Moli				
Street Address 13 Penny Lane		,	Street Address	13 Penny Lane				
City Cranston	State RI	^{Zip} 02921	City Cransto	on	State RI	^{Zip} 02921		
8. List ALL directors (names and ad Director Name	dresses)				he box to i	indicate an attachment		
Director Name			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 Issu		Check to	he box to it	ndicate an attachment		
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE		
		600		common		no par		
44 This								
 This report must be executed on trustee, this report must be executed 	behalf of the corp I on behalf of the	poration by an au corporation by t	uthorized repres he receiver or tru	entative. If the corpora	ation is in t	he hands of a receiver or		
Under penalty of perjury, I declare	and affirm that	l have examine	d this report, in	cluding any accomp	panying so	chedules and		
statements, and that all statement Name of Authorized Representative	s contained ner	ein are true and	correct.		Date			
Robert E. Moll , President						curry 24, 2017		
Signature of Authorized Representati					·-			
- 1				HILFN -				
MAIL TO: Division of Business Services			3	- a and the self				

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 630 - Revised: 02/2017