



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 95862		2. Exact name of the Corporation RED, WHITE & BLUE CONST. CO	
3. Principal Office Address 10 WINSOR COURT		City LINCOLN	State RI
		Zip 02865	
4. Business Phone Number 401-573 6284		5. State of Incorporation Rhode Island	
6. Brief description of the character of business conducted in Rhode Island GENERAL CONTRACTING AND OTHER CONSTRUCTION RELATED ACTIVITIES			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name VINKO DROUL		Vice-President Name	
Street Address 10 WINSOR COURT		Street Address	
City LINCOLN	State RI	City	State
	Zip 02865		Zip
Secretary Name VLATKA DROUL		Treasurer Name VINKO DROUL	
Street Address 10 WINSOR COURT		Street Address 10 WINSOR COURT	
City LINCOLN	State RI	City LINCOLN	State RI
	Zip 02865		Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name VINKO DROUL		Director Name VLATKA DROUL	
Street Address 10 WINSOR COURT		Street Address 10 WINSOR COURT	
City LINCOLN	State RI	City LINCOLN	State RI
	Zip 02865		Zip 02865
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	
		200	COMMON
			NO PAR
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 VINKO DROUL		Date 2.28.2017	
Signature of Authorized Representative  SIGN DOCUMENT HERE			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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