



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 DROU			Vice-President Name		
Street Address 10 WINSOR COURT			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
Secretary Name VLATKA DROU			Treasurer Name VINKO DROU		
Street Address 10 WINSOR COURT			Street Address 10 WINSOR COURT		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name VINKO DROU			Director Name VLATKA DROU		
Street Address 10 WINSOR COURT			Street Address 10 WINSOR COURT		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
9. Shares Authorized		10. Shares Issued			
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 DROU					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

FILED
 MAR 06 2017
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