



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2017

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>000073324</u>		2. Exact name of the Corporation <u>RCP CONSTRUCTION INC.</u>		
3. Principal office address <u>59 NORMAN AVE</u>		City <u>PAWTUCKET</u>	State <u>RI</u>	Zip <u>02866</u>
4. Business Phone No. <u>316-8703</u>		5. State of Incorporation <u>RI</u>		
6. Brief description of the character of business conducted in Rhode Island <u>CONSTRUCTION</u>				
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT</b> <input checked="" type="checkbox"/>				
President Name <u>ROBERT PILZ</u>		Vice-President Name		
Street Address <u>59 NORMAN AVE</u>		Street Address		
City <u>PAWTUCKET</u>	State <u>RI</u>	Zip <u>02866</u>	City	State Zip
Secretary Name		Treasurer Name <u>ROBERT PILZ</u>		
Street Address		Street Address <u>SAME</u>		
City	State	Zip	City	State Zip
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT</b> <input type="checkbox"/>				
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
<b>9. SHARES AUTHORIZED</b> <u>5000</u>		<b>10. SHARES ISSUED (X) BOX FOR ATTACHMENT</b> <input checked="" type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		<u>NONE</u>	<u>COMMON</u>	<u>0</u>

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.

File Date  
 Check No.  
 By  
**FOR SECRETARY OF STATE USE ONLY**

**FILED** *W*  
 APR 03 2017  
3244

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.  
Robert W. Pilz 3/28/17  
 Signature of Authorized Representative Date  
Robert W. Pilz  
 Print or Type Name of Authorized Representative