



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 1662750		2. Exact name of the Corporation R & S CONSTRUCTION SERVICES INC			
3. Principal Office Address 2072 STRAITS TURNPIKE		City MIDDLEBURY	State CT	Zip 06762	
4. NAICS Code 23 - Construction	6. Brief description of the character of business conducted in Rhode Island COMMERCIAL ROOFING CONTRACTOR				
5. State of Incorporation CONNECTICUT					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name A. STANLEY VOKET			Vice-President Name N/A		
Street Address 7 SILO DRIVE			Street Address		
City HARWINTON	State CT	Zip 06791	City	State	Zip
Secretary Name ROBERT F. DUNN JR.			Treasurer Name ROBERT F. DUNN JR.		
Street Address 430 COTTON HILL RD			Street Address 430 COTTON HILL RD		
City NEW HARTFORD	State CT	Zip 06791	City NEW HARTFORD	State	Zip 06791
8. List ALL directors (names and addresses) Check the box to indicate an attachment <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
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	
		500	COMMON	\$100 PAR VALUE	
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 A. STANLEY VOKET PRESIDENT				Date 3-31-2017	
Signature of Authorized Representative 					

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

APR 03 2017

By 25413

FORM 630 - Revised: 02/2017