



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 146577		2. Exact name of the Corporation Rice's Construction Company, Inc	
3. Principal Office Address P.O. Box B		City Block Island	State RI
		Zip 02807	
4. NAICS Code 23 and 48-49	6. Brief description of the character of business conducted in Rhode Island Excavation and septic system installation repair/replacement		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>			
President Name Sandra D. Rice		Vice-President Name Cyrus Dulac	
Street Address P.O. Box B		Street Address P. O. Box B	
City Block Island	State RI	City Block Island	State RI
Zip 02807		Zip 02807	
Secretary Name Sandra D. Rice		Treasurer Name Sandra D. Rice	
Street Address P.O. Box B		Street Address P.O. Box B	
City Block Island	State RI	City Block Island	State RI
Zip 02807		Zip 02807	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Sandra D. Rice		Director Name	
Street Address P.O. Box B		Street Address	
City Block Island	State RI	City	State
Zip 02807		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State.		10. Shares Issued	
Changes require an additional filing.		NUMBER OF SHARES 100	CLASS/SERIES A
		PAR VALUE No 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. <i>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.</i>			
Name of Authorized Representative Sandra D. Rice		Date 6/14/17	
Signature of Authorized Representative <i>Sandra D. Rice</i>		FILED JUN 26 2017	
		BY <u><i>[Signature]</i></u>	

MAIL TO:
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 Website: www.sos.ri.gov