



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
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 000038379		2. Exact name of the Corporation RC, Inc.			
3. Principal Office Address 474 Broadway		City Pawtucket		State RI	Zip 20860
4. NAICS Code 541620		6. Brief description of the character of business conducted in Rhode Island Environmental Consulting and Engineering			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert C. Atwood			Vice-President Name Mark J. House		
Street Address 14 Lilac St.			Street Address 116 Old Mountain Road		
City Sharon	State Ma	Zip 02067	City Wakefield	State RI	Zip 02879
Secretary Name Robert Atwood			Treasurer Name Mark House		
Street Address Same as above			Street Address Same as above		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Lynn Atwood			Director Name Mark J. House		
Street Address 14 Lilac St			Street Address Same as above		
City Sharon	State ma	Zip 02067	City	State	Zip
Director Name Robert C. Atwood			Director Name		
Street Address Same as above			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			
		8000		Common	0
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 Robert C. Atwood					Date 01/15/2018
Signature of Authorized Representative <i>Robert C. Atwood</i> SIGN DOCUMENT HERE FILED <i>02</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JAN 25 2018

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FORM 630 - Revised: 10/2017