



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

Annual Report for the year: 2018
 Corporation

FEB 12 2018

BY 12538

- 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 000036807		2. Exact name of the Corporation R.R. Forms Inc.			
3. Principal Office Address 9 LARCH Street		City SMITHFIELD		State RI	Zip 02917
4. NAICS Code 238110		6. Brief description of the character of business conducted in Rhode Island CAST IN PLACE CONCRETE FOUNDATION			
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 A. Riotes			Vice-President Name Donna A. Riotes		
Street Address 520 Shippeetown Road			Street Address Same		
City Greenwich		State RI	Zip 02818	City 	
Secretary Name Donna A. Riotes		Treasurer Name Robert A. Riotes		Street Address Same	
Street Address Same as above		Street Address Same		City 	
City 		State 	Zip 	City 	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address 			Street Address 		
City 		State 	Zip 	City 	
Director Name 			Director Name 		
Street Address 			Street Address 		
City 		State 	Zip 	City 	
9. Shares Authorized 600 - No Fee Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.		NUMBER OF SHARES 300		CLASS/SERIES Common	PAR VALUE 0
Changes require an additional filing.					
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 Donna A. Riotes				Date 1-17-18	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	