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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2018
Corporation

STAMP

$\rightarrow$	Filina	period:	January	1	- March 1
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→ Filing Fee: \$50.00

→ Penalty: Additional \$25	5.00 fee if form is no	ot filed by April 1.			_	28 . S		
Entity ID Number	2. Exact nam	ne of the Corporation		300				
16825	R&R CO	R&R CONSTRUCTION, INC. 면 유유						
Principal Office Address			City		State	Zip-, Ci		
145 Ingersoll Avenue		Warwick		RI	02886			
4. NAICS Code	6. Brief desc	ription of the chara	cter of business c	onducted in Rhode I	sland	<b>18</b> 8		
531312	Real estate	holding and cons	struction			• 사 사람		
<ol><li>State of Incorporation</li></ol>		39						
Rhode Island								
7. List ALL officers (names a	nd addresses)			Check	the box to i	ndicate an attachment		
President Name Shawn T. Ro	Vice-President Name Shawn T. Robinson							
Street Address 145 Ingersoll	Street Address 145 Ingersoll Avenue							
<sup>City</sup> Warwick	State RI	Zip 02886	City Warwick	City Warwick		<sup>Zip</sup> 02886		
Secretary Name Dorothy J. R	Treasurer Name Shawn T. Robinson							
Street Address 145 Ingersoll	Street Address 145 Ingersoll Avenue							
City Warwick	State RI	Zip <b>02886</b>	City Warwick		State RI	<sup>Zip</sup> 02886		
8. List ALL directors (names	and addresses)	•		Check	the box to i	indicate an attachment		
Director Name Shawn T. Rob	oinson	•	Director Name	Dorothy J. Robins	on			
Street Address 145 Ingersoll	Street Address 145 Ingersoll Avenue							
City Warwick	State RI	Zip 02886	City Warwick		State RI	Žip 02886		
Director Name	Director Name							
Street Address	Street Address							
City	State	Zip	City		State	Zip		
9. Shares Authorized	1	10. Shares Is	L sued	Check	the box to i	indicate an attachment		
This information is currently of		OF SHARES CLASS/SERIES PAR VALUE						
Department of State.	200	200			No Par			
Changes require an additional	l filing.							
11. This report must be exec	uted on behalf of the	corporation by an	authorized repres	sentative. If the corpo	oration is in	the hands of a receiver or		
trustee, this report must be e	xecuted on behalf of	the corporation by	the receiver or tr	ustee.				
Under penalty of perjury, I				ncluding any accor	npanying s	chedules and		
statements, and that all sta Name of Authorized Represe		nerein are true a	na correct.		Date .			
Shawn T. Robinson	: Rative					alialis		
Signature of Authorized Repl	resentative	SIGN DO	PILED CUMENT HERE		, , ,			
Shaun J.	Kolyson	O/O/N DC						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY 19972