RI SOS Filing Number: 201859066690 Date: 2/23/2018 4:00:00 PM

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.

STAMP

RECEIVED
SECRETARY OF STATE
CORPORATIONS
2018 FEB 23 AM 11:39

1. Entity ID Number	2. Exact name of the Corporation			
21546	ROBINSON CONSTRUCTION CORP.			
3. Principal Office Address	City	State	Zip	
145 Ingersoll Avenue	Warwick	RI	02886	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531312	Real estate holding and construction			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Shawn T. Robinson			Vice-President Name: Shawn T. Robinson		
Street Address: 145 Ingersoll Avenue			Street Address: 145 Ingersoll Avenue		
City: Warwick	State: RI	Zip: 02886	City: Warwick	State: RI	Zip: 02886
Secretary Name: Dorothy J. Robinson			Treasurer Name: Shawn T. Robinson		
Street Address: 145 Ingersoll Avenue			Street Address: 145 Ingersoll Avenue		
City: North Kingstown	State: RI	Zip: 02886	City: North Kingstown	State: RI	Zip: 02886

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Shawn T. Robinson			Director Name: Dorothy J. Robinson		
Street Address: 145 Ingersoll Avenue			Street Address: 145 Ingersoll Avenue		
City: Warwick	State: RI	Zip: 02886	City: Warwick	State: RI	Zip: 02886
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	Common	No Par

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	Date
Shawn T. Robinson	2/12/18

Signature of Authorized Representative: Shawn T. Robinson

SIGN DOCUMENT HERE

FILED
FEB 23 2018
BY 1131

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

FORM 630 - Revised: 10/2017