



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

STAMP

→ 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 0000116390		2. Exact name of the Corporation R & N Construction, Inc.			
3. Principal Office Address 2 Lincoln Drive			City Johnston	State RI	Zip 02919
4. NAICS Code 236015		6. Brief description of the character of business conducted in Rhode Island Commercial structures including but not limited to framing and general contracting.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Nina Joseph			Vice-President Name Nina Joseph		
Street Address 2 Lincoln Drive			Street Address 2 Lincoln Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Nina Joseph			Treasurer Name Nina Joseph		
Street Address 2 Lincoln Drive			Street Address 2 Lincoln Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Nina Joseph			Director Name		
Street Address 2 Lincoln Drive			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Director Name			Director Name		
Street Address			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		
			Common		
			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. 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 Nina R. Joseph					Date 2-19-18
Signature of Authorized Representative <i>Nina R. Joseph</i>					

FILED
FEB 26 2018