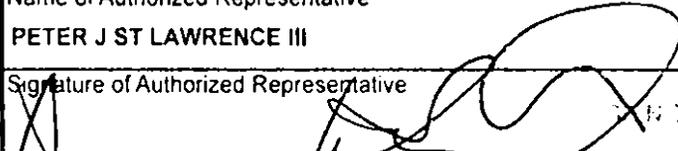




State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**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<br><b>000113333</b>  |                    | 2. Exact name of the Corporation<br><b>R&amp;P CONSTRUCTION INC</b>   |   |                    |                             |
| 3. Principal Office Address<br><b>54 STARR STREET</b>  |                    |   | City<br><b>JOHNSTON</b>   | State<br><b>RI</b> | Zip<br><b>02919</b>         |
| 4. NAICS Code<br><b>2389010</b>  |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>A CONSTRUCTION COMPANY-DEMOLITION</b> |   |                    |                             |
| 5. State of Incorporation<br><b>RHODE ISLAND</b>   |                    |   |   |                    |                             |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |   |   |                    |                             |
| President Name<br><b>PETER J ST LAWRENCE III</b>   |                    |   | Vice-President Name<br><b>N/A</b>   |                    |                             |
| Street Address<br><b>54 STARR STREET</b>   |                    |   | Street Address  |                    |                             |
| City<br><b>JOHNSTON</b>  | State<br><b>RI</b> | Zip<br><b>02919</b>   | City  | State              | Zip                         |
| Secretary Name   |                    |   | Treasurer Name  |                    |                             |
| Street Address   |                    |   | Street Address  |                    |                             |
| City   | State              | Zip   | City  | State              | Zip                         |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |   |   |                    |                             |
| Director Name<br><b>N/A</b>  |                    |   | Director Name<br><b>N/A</b>   |                    |                             |
| Street Address   |                    |   | Street Address  |                    |                             |
| City   | State              | Zip   | City  | State              | Zip                         |
| Director Name<br><b>N/A</b>  |                    |   | Director Name<br><b>N/A</b>   |                    |                             |
| Street Address   |                    |   | Street Address  |                    |                             |
| City   | State              | Zip   | City  | State              | Zip                         |
| 9. Shares Authorized   |                    |   | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                    |                             |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |                    |   | NUMBER OF SHARES  |                    | CLASS/SERIES                |
|  |                    |   | 1   |                    | COMMON                      |
| 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.<br><i>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.</i> |                    |   |   |                    |                             |
| Name of Authorized Representative<br><b>PETER J ST LAWRENCE III</b>  |                    |   |   |                    | Date<br><b>2.21.2018</b>    |
| Signature of Authorized Representative<br>   |                    |   |   |                    | <b>FILED</b><br>FEB 26 2018 |

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

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