



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 000879682		2. Exact name of the Corporation Royal Seal Construction, Inc.			
3. Principal Office Address 124 McMakin Road			City Bartonville	State TX	Zip 76226
4. NAICS Code 236220		6. Brief description of the character of business conducted in Rhode Island General contracting commercial			
5. State of Incorporation TX					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name K. EUGENE COLLEY			Vice-President Name SCOTT A. COLLEY		
Street Address 124 MCKAMIN ROAD			Street Address 124 MCKAMIN ROAD		
City BARTONVILLE	State TX	Zip 76226	City BARTONVILLE	State TX	Zip 76226
Secretary Name SCOTT A. COLLEY			Treasurer Name ROBIN C. COLLEY		
Street Address 124 MCKAMIN ROAD			Street Address 124 MCKAMIN ROAD		
City BARTONVILLE	State TX	Zip 76226	City BARTONVILLE	State TX	Zip 76226
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name K. EUGENE COLLEY			Director Name		
Street Address 124 MCKAMIN ROAD			Street Address		
City BARTONVILLE	State TX	Zip 76226	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
			1000	CWP	1000.00
			8	PWP	250000.00
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. <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 K. EUGENE COLLEY				Date 2/19/2018	
Signature of Authorized Representative 			SIGN DOCUMENT HERE FILED		

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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