



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**

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 000017757		2. Exact name of the Corporation RATHBUN CORPORATION			
3. Principal Office Address 229 MEDWAY STREET			City PROVIDENCE	State RI	Zip 02906
4. NAICS Code 531110	6. Brief description of the character of business conducted in Rhode Island Real Estate and Investment				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name VIRGINIA R. STUART			Vice-President Name VIRGINIA R. STUART		
Street Address 229 MEDWAY STREET #303			Street Address 229 MEDWAY STREET #303		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
Secretary Name VIRGINIA R. STUART			Treasurer Name VIRGINIA R. STUART		
Street Address 229 MEDWAY STREET #303			Street Address 229 MEDWAY STREET #303		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name VIRGINIA R. STUART			Director Name		
Street Address 229 MEDWAY STREET #303			Street Address		
City PROVIDENCE	State RI	Zip 02906	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES	CLASS-SERIES	PAR VALUE	
		2,000	CWP	566	
		750	PWP	0	
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 <i>Virginia R. Stuart, President</i>				Date 29 Jan 2019	
Signature of Authorized Representative					

MAIL TO:
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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