



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.

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV

2019 MAR -7 PM 1:23

1. Entity ID Number <u>509315</u>		2. Exact name of the Corporation <u>RLS Remodeling + Construction Inc.</u>										
3. Principal Office Address <u>96 Brookfield Rd</u>		City <u>Riverside</u>	State <u>RI</u>									
		Zip <u>02915</u>										
4. NAICS Code <u>236110</u>	6. Brief description of the character of business conducted in Rhode Island <u>Residential / Commercial CONST</u>											
5. State of Incorporation <u>RI</u>												
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
President Name <u>Richard A. Maranto</u>		Vice-President Name										
Street Address <u>96 Brookfield Rd</u>		Street Address										
City <u>Riverside</u>	State <u>RI</u>	City	State									
	Zip <u>02915</u>		Zip									
Secretary Name		Treasurer Name										
Street Address <u>SAME AS ABOVE</u>		Street Address										
City	State	City	State									
	Zip		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		Director Name										
Street Address		Street Address										
City	State	City	State									
	Zip		Zip									
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
	Zip		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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><u>100</u></td> <td></td> <td><u>0.00</u></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<u>100</u>		<u>0.00</u>			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
<u>100</u>		<u>0.00</u>										
Changes require an additional filing.												
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 <u>Richard A. Maranto</u>		Date <u>3/7/18</u>										
Signature of Authorized Representative <u>[Signature]</u>												

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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MAR 07 2019 1:23  
BY an CAXSH