



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.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2019 MAR 12 AM 11:25

1. Entity ID Number 001666829		2. Exact name of the Corporation RL BUILDING & DEVELOPMENT Corp			
3. Principal Office Address 4 CEDAR VALLEY WAY			City LITTLE COMPTON	State RI	Zip 02837
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island COMMERCIAL & RESIDENTIAL CONSTRUCTION			
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 RICHARD LEBLANC			Vice-President Name N/A		
Street Address 4 CEDAR VALLEY WAY			Street Address		
City LITTLE COMPTON	State RI	Zip 02837	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name RICHARD LEBLANC			Director Name N/A		
Street Address 4 CEDAR VALLEY WAY			Street Address		
City LITTLE COMPTON	State RI	Zip 02837	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		
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>Richard D LeBlanc</i>					Date <i>2-11-19</i>
Signature of Authorized Representative <i>[Signature]</i>					

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

SIGN DOCUMENT **FILED**
 MAR 12 2019
K19FW
A.A. 11:27 A.M.
 FORM 630 - Revised: 10/2017