



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 15 AM 10:56

1. Entity ID Number 16825		2. Exact name of the Corporation R&R CONSTRUCTION, INC.			
3. Principal Office Address 145 Ingersoll Avenue		City Warwick		State RI	Zip 02886
4. NAICS Code 531312		6. Brief description of the character of business conducted in Rhode Island Real estate holding and 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 Shawn T. Robinson			Vice-President Name Glenn M. Robinson		
Street Address 145 Ingersoll Avenue			Street Address 145 Ingersoll Avenue		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Dorothy J. Robinson			Treasurer Name Shawn T. Robinson		
Street Address 145 Ingersoll Avenue			Street Address 145 Ingersoll Avenue		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Shawn T. Robinson			Director Name Dorothy J. Robinson		
Street Address 145 Ingersoll Avenue			Street Address 145 Ingersoll Avenue		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES	CLASS/SHARES	PAR VALUE	
		200	Common	No Par	
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 Shawn T. Robinson				Date 3/5/19	
Signature of Authorized Representative <i>Shawn T. Robinson</i>				Date MAR 15 2019	
SIGNATURE OF OFFICER <i>Shawn T. Robinson</i>				BY <i>ABC E BQ</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