State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
MAR 22 2019
BY 2463

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	2. Exact name of the Corporation			
505942	Construction & Rehabilitation, Inc.			
3. Principal Office Address: 2143 Hartford Avenue		City: Johnston	State: RI	Zip: 02919
4. NAICS Code: 236116	6. Brief description of the character of business conducted in Rhode Island: Housing construction			
5. State of Incorporation: Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Carol A. O'Donnell			Vice-President Name: Carol A. O'Donnell		
Street Address: 2143 Hartford Avenue			Street Address: 2143 Hartford Avenue		
City: Johnston	State: RI	Zip: 02919	City: Johnston	State: RI	Zip: 02919
Secretary Name: Carol A. O'Donnell			Treasurer Name: Carol A. O'Donnell		
Street Address: 2143 Hartford Avenue			Street Address: 2143 Hartford Avenue		
City: Johnston	State: RI	Zip: 02919	City: Johnston	State: RI	Zip: 02919

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100	Common	$.01

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	Date
Carol A. O'Donnell	3-1-19

Signature of Authorized Representative: Carol O'Donnell — SIGN DOCUMENT

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