



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 JUL 10 PM 2:11

1. Entity ID Number 667243		2. Exact name of the Corporation R & D Building Concepts, Inc. (238160)			
3. Principal Office Address P.O. Box 174		City Bristol		State RI	Zip 02809
4. Business Phone Number		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Building and construction, roofing and all other lawful purposes					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jenell L. Pratas			Vice-President Name Jenell L. Pratas		
Street Address P.O. Box 174			Street Address P.O. Box 174		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Jenell L. Pratas			Treasurer Name Jenell L. Pratas		
Street Address P.O. Box 174			Street Address P.O. Box 174		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. 1000 common no par value Changes require an additional filing.		Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	C: ASS/S: R: L: S	PAR VALUE	
		0	common	no 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 Jenell L. Pratas, President				Date 7/10/19	
Signature of Authorized Representative 				SIGN DOCUMENT HERE PRES.	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

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BY

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