



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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1. Entity ID Number <u>000073324</u>		2. Exact name of the Corporation <u>RCP CONSTRUCTION INC</u>	
3. Principal Office Address <u>59 NORMAN AVE</u>		City <u>POWTUCKET</u>	State <u>RI</u>
		Zip <u>02866</u>	
4. NAICS Code <u>238300</u>	6. Brief description of the character of business conducted in Rhode Island <u>CONSTRUCTION</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>ROBERT PILZ</u>		Vice-President Name	
Street Address <u>59 NORMAN AVE</u>		Street Address	
City <u>POWTUCKET</u>	State <u>RI</u>	City	State
	Zip <u>02866</u>		Zip
Secretary Name		Treasurer Name <u>ROBERT PILZ</u>	
Street Address		Street Address <u>SAME</u>	
City	State	City	State
	Zip		Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
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 <u>1000</u>		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	
		<u>NONE</u>	<u>COMMON</u>
			<u>0</u>
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>ROBERT PILZ</u>		Date <u>4.10.20</u>	
Signature of Authorized Representative <u>Robert Pilz</u>		SIGNATURE OF AUTHORIZED REPRESENTATIVE	

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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