RI SOS Filing Number: 202185932200 Date: 1/11/2021 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the	year:
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Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

BY_	1485 DS

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.										
Entity ID Number		ne of the Corpora								
001691974	Rober	+ J. Mc	Cape CONS	struction.	INC					
3. Principal Office Address			City		State	Zip				
97 Cutter St.			Warre		RI	02885				
4. NAICS Code	Brief desc	ription of the char	acter of business co	inducted in Rhode Isl	and	. \				
236118	236/18 Residential and Commercial Construction									
5. State of Incorporation	1	•								
\mathbb{R}^{T}										
7. List ALL officers (names and ad-	dresses)			Check th	ne box to ind	cate an attachment				
President Name	President Name				Vice-President Name					
Robert J. Mc Cak	1e 7[N/A	$\perp N/A$						
Street Address 97 Cutter St.			Street Address	Street Address						
City COTTO	State	Zip	City		State	Žip				
Warren	State RT	02885			0.0.0	_				
Secretary Name			Treasure/ Name	Treasure/ Name						
Street Address			Stroot Address							
Sueet Address			Street Address							
City	State	Zip	City		State	Zip				
	1									
 List ALL directors (names and a Director Name 	ddresses)		Dispotos Nome	Check th	ne box to ind	icate an attachment				
A //IA			Director Name							
Street Address			Street Address							
	T									
City	State	Zip	City		State	Zıp				
Director Name	1.		Director Name		<u>. </u>					
					<u>.</u>					
Street Address			Street Address							
City	State	IZıp	City		State	Zip				
·						F				
9. Shares Authorized		10. Shares								
This Information is currently of reco Department of State.	rd in the	NUMBER	R OF SHARES	CLASS/SERIES		PAR VALUE				
·		1 /,	500		1	\mathcal{O}				
Changes require an additional filing.	•	/								
11. This report must be executed of	n hehalf of the	comoration by a	n authorized represe	entative. If the cornor	ation is in the	hands of a receiver or				
trustee, this report must be execut						TIATIOS OF A TECEIVER OF				
Under penalty of perjury, I decla	re and affirm	that I have exam	lned this report, in	cluding any accomp	panying sch	edules and				
Statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date										
ρ_{1}										
Signature/of Authorized Representative										
1 A										
110										
MAIL TO:		-								

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov