



State of Rhode Island
Department of State - Business Services Division

FILED

FEB 05 2021

BY 129009

Annual Report for the year: 2021
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 <u>000036807</u>		2. Exact name of the Corporation <u>ROR Forms Inc.</u>			
3. Principal Office Address <u>9 Laurel Street</u>			City <u>SMITHFIELD</u>	State <u>RI</u>	Zip <u>02917</u>
4. NAICS Code <u>238110</u>		6. Brief description of the character of business conducted in Rhode Island <u>Cast in Place - Concrete Foundations</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 A Riotes</u>			Vice-President Name <u>Donna A Riotes</u>		
Street Address <u>520 Skippeetown Road</u>			Street Address <u>Same</u>		
City <u>Greenwich</u>	State <u>RI</u>	Zip <u>02818</u>	City	State	Zip
Secretary Name <u>Donna A Riotes</u>			Treasurer Name <u>Robert A Riotes</u>		
Street Address <u>Same</u>			Street Address <u>Same</u>		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>N/A</u>			Director Name <u>N/A</u>		
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 <u>600 NO PAR</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. <u>VALUE-COMMON</u> Changes require an additional filing.		NUMBER OF SHARES <u>300</u>		CLASS/SERIES <u>Common</u>	PAR VALUE <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>Donna A Riotes</u>				Date <u>2/3/2021</u>	
Signature of Authorized Representative <u>[Signature]</u>					