



State of Rhode Island
 Department of State - Business Services Division

FILED

FEB 10 2021

B' 2873
 DS

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>000073324</u>		2. Exact name of the Corporation <u>R.C.P. Construction, Inc</u>			
3. Principal Office Address <u>59 Norman Ave</u>			City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</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>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>	City	State	Zip
Secretary Name			Treasurer Name <u>Robert Pilz</u>		
Street Address			Street Address		
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			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 <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	
		<u>None</u>		<u>Common</u>	
				<u>0</u>	
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 <u>ROBERT PILZ</u>				Date <u>1/30/21</u>	
Signature of Authorized Representative <u>Robert Pilz</u>					

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