RI SOS Filing Number: 202193646250 Date: 3/5/2021 4:00:00 PM State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:	2021
Corporation `	

FILED: TAMP

Corporation	
-> Filipa poriodi Ippures 1	March 4

→ 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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5 Felially. Additional \$25				B	Y			
1. Entity ID Number		e of the Corporation						
21546	ROBINSON	ROBINSON CONSTRUCTION CORP.						
3. Principal Office Address			City		State	Zip		
145 Ingersoll Avenue			Warwick		RI	02866		
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island						
531312	Real estate h	iolding and constru	iction					
5. State of Incorporation								
Rhode Island								
7. List ALL officers (names ar	nd addresses)	· .		Check t	he box to i	ndicate an attachment 🔲		
President Name Shawn T. Robinson			Vice-Presiden	Vice-President Name Glenn M. Robinson				
Street Address 145 Ingersoll Avenue			Street Address 145 Ingersoll Avenue					
City Warwick	State RI	^{Zip} 02866	City Warwick	ι	State RI	^{Zip} 02866		
Secretary Name Shawn T. Rob	cretary Name Shawn T. Robinson			Treasurer Name Shawn T. Robinson				
Street Address 145 Ingersoll Avenue		Street Address 145 Ingersoll Avenue						
City Warwick	State RI	Zip ₀₂₈₆₆	City Warwick		State R1	^{Zip} 02866		
8. List ALL directors (names a	and addresses)			Check t	he box to i	ndicate an attachment		
Director Name Shawn T. Robinson Director Name Glenn M. Robinson								
Street Address 145 Ingersoll Avenue		Street Address 145 Ingersoll Avenue						
City Warwick	State RI	^{Zip} 02866	City Warwick		State R1	Zip 02866		
Director Name			Director Name	Director Name				
Street Address ·			Street Address					
City	State	Zip	City		State	Zip		
9. Shares Authorized		10, Shares Is:	<u> </u>	Check t	L he box to i	ndicate an attachment		
This information is currently of	record in the	NUMBER C				PAR VALUE		
Department of State.		100	100			No Par		
Changes require an additional	s require an additional filing.			· · · · · · · · · · · · · · · · · · ·				
11. This report must be executrustee, this report must be ex					alion is in t	the hands of a receiver or		
Under penalty of perjury, I d	declare and affirm	that I have examin	ed this report, i	ncluding any accom	panying s	chedules and		
Statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date								
Shawn T. Robinson				2/25/21				
Signature of Authorized Representative								
CAMPINC! HA	CAN/AIN			·				

MAIL TO:

Division of Business Services

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

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