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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED STAMP
MAR 10 2021
BY 52236

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	2. Exact name of the Corporation
95862	RED WHITE & BLUE CONST. CO

3. Principal Office Address	City	State	Zip
10 WINSOR COURT	LINCOLN	RI	02865

4. Business Phone Number	5. State of Incorporation
401 573 6284	RI

6. Brief description of the character of business conducted in Rhode Island
GENERAL CONTRACTING AND OTHER CONSTRUCTION RELATED ACTIVITIES

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
VINKO DROCC	
Street Address: 10 WINSOR COURT	Street Address:
City: LINCOLN State: RI Zip: 02865	City: State: Zip:
Secretary Name: VLATKA DROCC	Treasurer Name: VINKO DROCC
Street Address: 10 WINSOR COURT	Street Address: 10 WINSOR COURT
City: LINCOLN State: RI Zip: 02865	City: LINCOLN State: RI Zip: 02865

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
VINKO DROCC	VLATKA DROCC
Street Address: 10 WINSOR COURT	Street Address: 10 WINSOR COURT
City: LINCOLN State: RI Zip: 02865	City: LINCOLN State: RI Zip: 02865

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	COMMON	NO PAR

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	Date
VINKO DROCC	2/26/2021

Signature of Authorized Representative: SIGN DOCUMENT HERE

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