



State of Rhode Island

Department of State - Business Services Division

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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2021 MAY 28 A 11:23

1. Entity ID Number 137363		2. Exact name of the Corporation Royal Construction Company Inc.			
3. Principal Office Address 103 De Pinedo St			City Providence	State RI	Zip 02904
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island Residential remodeling contractor. Remodel kitchens, bathrooms, finish basements, small additions, exterior renovations (windows, doors, siding)			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Darran F. Rosse			Vice-President Name N/A		
Street Address 103 De Pinedo St			Street Address		
City Providence	State RI	Zip 02904	City	State	Zip
Secretary Name N/A			Treasurer Name N/A		
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 N/A			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 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 <input type="checkbox"/>		
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100		no 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 Darran F. Rosse				Date 5/27/2021	
Signature of Authorized Representative 					

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

FILED

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BY On ARC 2F

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