



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.

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R.I. DEPT. OF STATE  
BUS SVCS DIV

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                          |                                                                   |                                                                                                                       |                     |                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------|
| 1. Entity ID Number<br><b>000021816</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                          | 2. Exact name of the Corporation<br><b>ROLS CONSTRUCTION INC.</b> |                                                                                                                       | 2021 JUN -2 A 11:47 |                                       |
| 3. Principal Office Address<br><b>29 LONGFELLOW STREET</b>                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                          | City<br><b>PAWTUCKET</b>                                          | State<br><b>RI</b>                                                                                                    | Zip<br><b>02861</b> |                                       |
| 4. NAICS Code<br><b>NJ80P3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                   | 6. Brief description of the character of business conducted in Rhode Island<br><b>THE DESIGN, RENOVATION, REMODELING, CONSTRUCTION, AND SELLING OF RESIDENTIAL/COMMERCIAL PROPERTIES AND ANY OTHER LEGAL BUSINESSES APPURTENANT TO THE FOREMENTIONED</b> |                                                                   |                                                                                                                       |                     |                                       |
| 5. State of Incorporation<br><b>RI</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                          |                                                                   |                                                                                                                       |                     |                                       |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                          |                                                                   |                                                                                                                       |                     |                                       |
| President Name<br><b>MICHAEL LEMOI</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                          |                                                                   | Vice-President Name<br><b>CHRISTOPHER M. LEMOI</b>                                                                    |                     |                                       |
| Street Address<br><b>29 LONGFELLOW ST</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                          |                                                                   | Street Address<br><b>134 VOLTURNO STREET</b>                                                                          |                     |                                       |
| City<br><b>PAWTUCKET</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         | State<br><b>RI</b>                                                                                                                                                                                                                                       | Zip<br><b>02861</b>                                               | City<br><b>NORTH PROVIDENCE</b>                                                                                       | State<br><b>RI</b>  | Zip<br><b>02904</b>                   |
| Secretary Name                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                          |                                                                   | Treasurer Name<br><b>MICHAEL LEMOI</b>                                                                                |                     |                                       |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                          |                                                                   | Street Address<br><b>29 LONGFELLOW ST</b>                                                                             |                     |                                       |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State                                                                                                                                                                                                                                                    | Zip                                                               | City<br><b>PAWTUCKET</b>                                                                                              | State<br><b>RI</b>  | Zip<br><b>02861</b>                   |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                          |                                                                   |                                                                                                                       |                     |                                       |
| Director Name<br><b>MICHAEL LEMOI</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                          |                                                                   | Director Name                                                                                                         |                     |                                       |
| Street Address<br><b>29 LONGFELLOW ST</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                          |                                                                   | Street Address                                                                                                        |                     |                                       |
| City<br><b>PAWTUCKET</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         | State<br><b>RI</b>                                                                                                                                                                                                                                       | Zip<br><b>02861</b>                                               | City                                                                                                                  | State               | Zip                                   |
| Director Name                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                          |                                                                   | Director Name                                                                                                         |                     |                                       |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                          |                                                                   | Street Address                                                                                                        |                     |                                       |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State                                                                                                                                                                                                                                                    | Zip                                                               | City                                                                                                                  | State               | Zip                                   |
| 9. Shares Authorized                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                          |                                                                   | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                     |                                       |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                          |                                                                   | NUMBER OF SHARES<br><b>100</b>                                                                                        |                     | CLASS/SERIES<br><b>ONE CLASS ONLY</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                          |                                                                   | PAR VALUE<br><b>ALL SHARES ARE WITHOUT PAR VALUE</b>                                                                  |                     |                                       |
| 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.<br><b>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.</b> |                                                                                                                                                                                                                                                          |                                                                   |                                                                                                                       |                     |                                       |
| Name of Authorized Representative<br><b>MICHAEL LEMOI PRESIDENT FOR ROLS CONSTRUCTION INC.</b>                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                          |                                                                   |                                                                                                                       |                     | Date<br><b>5/30/21</b>                |
| Signature of Authorized Representative<br><i>Michael Lemoi</i> <b>PRESIDENT FOR ROLS CONSTRUCTION INC.</b>                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                          |                                                                   |                                                                                                                       |                     | <b>FILED</b>                          |