



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2022  
Corporation

- Filing period: February 1 - May 1  
 → Filing Fee: \$50.00  
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

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

2022 FEB 28 AM 10:17

1. Entity ID Number <b>000137363</b>		2. Exact name of the Corporation <b>ROYAL CONSTRUCTION COMPANY INC.</b>			
3. Principal Office Address <b>103 DePINEDO ST</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>
4. NAICS Code <b>236118</b>	6. Brief description of the character of business conducted in Rhode Island <b>Residential remodeler, kitchens, bathrooms, windows, doors, basements, and additions</b>				
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Darran Rosse</b>			Vice-President Name <b>same</b>		
Street Address <b>103 DePinedo St</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City	State	Zip
Secretary Name <b>same</b>			Treasurer Name <b>same</b>		
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 <b>Darran Rosse</b>			Director Name		
Street Address <b>103 DePINEDO ST</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES <b>100</b>	CLASS/SERIES	PAR VALUE <b>NO 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.					
<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 <b>Darran Rosse</b>				Date <b>2/28/2022</b>	
Signature of Authorized Representative 				<b>FILED</b>	

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