

State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: 2022

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

R.I. BEPT. OF STATE SUS SYCS DIV

2022 FEB 28 AM In: 17

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.						
Entity ID Number	2. Exact name of the Corporation					
000137363	ROYAL CONSTRUCTION COMPANY INC.					
3. Principal Office Address			City		State	Zip
103 DePINEDO ST			PROVIDENCE		RI	02904
NAICS Code     6. Brief description of the character of business conducted in Rhode Island						
236118	Residential remodeler, kitchens, bathrooms, windows, doors, basements, and					
5. State of Incorporation	additions					
Rhode Island						
7. List ALL officers (names and addresses)  Check the box to indicate an attachment						dicate an attachment 🔲
President Name Darran Rosse			Vice-President Name Same			
Street Address 103 DePinedo St			Street Address			
<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02904	City		State	Zip
Secretary Name same			Treasurer Name same			
Street Address			Street Address			
City	State	Zip	City		State	Zip
8. List ALL directors (names and a	ddresses)	<del></del>		Check t	he box to ir	ndicate an attachment 🔲
Director Name Darran Rosse			Director Name			
Street Address 103 DePINEDO ST			Street Address			
City PROVIDENCE	State RI	<sup>Zip</sup> 02904	City		State	Zip
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City		State	Zip
9. Shares Authorized	<u></u>	10. Shares Issu	t	Check t	he box to in	ndicate an attachment
This information is currently of record in the		NUMBER OF	SHARES	CLASS/SERIES		PAR VALUE
Department of State.		100				NO PAR VALUE
Changes require an additional filing	•					
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				
Darran/Rosse			<del></del>		2/28/2	022
Signature of Authorized Representative						
414						

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FEB 2 8 2022

FORM 630 - Revised: 11/2021