



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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BUS SVCS DIV

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|  |                    |   |   |                    |                       |
|--|--------------------|---|---|--------------------|-----------------------|
| 1. Entity ID Number<br><b>000008827</b>  |                    | 2. Exact name of the Corporation<br><b>RIVARD CONSTRUCTION, INC.</b>  |   |                    |                       |
| 3. Principal Office Address<br><b>14 SPRINGDALE AVENUE</b>   |                    |   | City<br><b>NORTH PROVIDENCE</b>   | State<br><b>RI</b> | Zip<br><b>02904</b>   |
| 4. NAICS Code<br><b>236115</b>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>SINGLE FAMILY HOME CONSTRUCTION</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>PAUL RIVARD</b>   |                    |   | Vice-President Name<br><b>PAUL RIVARD</b>   |                    |                       |
| Street Address<br><b>14 SPRINGDALE AVENUE</b>  |                    |   | Street Address<br><b>14 SPRINGDALE AVENUE</b>   |                    |                       |
| City<br><b>NORTH PROVIDENCE</b>  | State<br><b>RI</b> | Zip<br><b>02904</b>   | City<br><b>NORTH PROVIDENCE</b>   | State<br><b>RI</b> | Zip<br><b>02904</b>   |
| Secretary Name   |                    |   | Treasurer Name  |                    |                       |
| Street Address   |                    |   | Street Address  |                    |                       |
| City   | State              | Zip   | City  | State              | Zip                   |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |   |   |                    |                       |
| Director Name  |                    |   | 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   |                    |   | 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  |                    |                       |
|  |                    |   | CLASS/SERIES  |                    | PAR VALUE             |
|  |                    |   | <b>100</b>  |                    | <b>NPV</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>PAUL RIVARD</b>  |                    |   |   |                    | Date<br><b>3/2/23</b> |
| Signature of Authorized Representative<br><i>Paul Rivard (Pres.)</i>   |                    |   |   |                    | <b>MAR 06 2023</b>    |