



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.

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

2023 MAR -6 PM 4:29

1. Entity ID Number 000008827		2. Exact name of the Corporation RIVARD CONSTRUCTION, INC.			
3. Principal Office Address 14 SPRINGDALE AVENUE			City NORTH PROVIDENCE	State RI	Zip 02904
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island SINGLE FAMILY HOME CONSTRUCTION			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PAUL RIVARD			Vice-President Name PAUL RIVARD		
Street Address 14 SPRINGDALE AVENUE			Street Address 14 SPRINGDALE AVENUE		
City NORTH PROVIDENCE	State RI	Zip 02904	City NORTH PROVIDENCE	State RI	Zip 02904
Secretary Name			Treasurer Name		
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			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 Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			PAR VALUE		
			100		NPV
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 PAUL RIVARD					Date 3/2/23
Signature of Authorized Representative <i>Paul Rivard (Pres.)</i>					MAR 06 2023

FILED 429
BY 4089

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov