



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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 R.I. DEPT. OF STATE
 2023 MAR 28 A 10:10

1. Entity ID Number 161080		2. Exact name of the Corporation RCL Construction Inc.			
3. Principal Office Address 664 Gravely Hill Road			City Wakefield	State RI	Zip 02879
4. NAICS Code 236210		6. Brief description of the character of business conducted in Rhode Island General construction and any other lawful business			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ronald LaChance			Vice-President Name N/A		
Street Address 664 Gravely Hill Road			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Secretary Name Cynthia Holt			Treasurer Name Cynthia Holt		
Street Address 664 Gravely Hill Road			Street Address 664 Gravely Hill Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Ronald LaChance			Director Name Cynthia Holt		
Street Address 664 Gravely Hill Road			Street Address 664 Gravely Hill Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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		
			200	Common	None
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 Ronald LaChance				Date 3/28/23	
Signature of Authorized Representative <i>Ronald LaChance</i>				Date MAR 28 2023 BY 1011	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov