<b>(B)</b>

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 for

Entity ID Number						·		
37708		2. Exact name of the Corporation R & M BUILDERS, INC.						
3. Principal Office Address				City		Zip		
13 Penny Lane					RI	02921		
4. NAICS Code	6. Brief descr	Brief description of the character of business conducted in Rhode Island						
236116	general c	general contractor home building						
5. State of Incorporation		<b>1</b>						
Rhode Island								
7. List ALL officers (names a	and addresses)			Check	the box to	indicate an attachment		
President Name Robert E.	Robert E. Moll			Vice-President Name				
Street Address 13 Penny Lane			Street Address					
<sup>City</sup> Cranston	State RI	<sup>Zip</sup> 02921	City		State	Zip		
Secretary Name Robert E. 1	E. Moll		Treasurer Name Robert E. Moll					
·	13 Penny Lane			Street Address 13 Penny Lane				
<sup>City</sup> Cranston	State RI	<sup>Zip</sup> 02921	City Cranston		State RI	<sup>Zıp</sup> 02921		
8. List ALL directors (names	and addresses)			Check	the box to	indicate an attachment		
Director Name			Director Name	<del></del> · <del></del> ·		<del>-                                    </del>		
Street Address			Street Address					
City	State	Zip	City		State	Zip		
Director Name			Director Name					
Street Address			Street Address					
City	State	Žip	City	<u> </u>	State	Ζιρ		
9. Shares Authorized		10. Shares Iss	ued	Check	Check the box to indicate an attachment			
This information is currently of Department of State.	of record in the	NL, VBER OF	R OF SMARES CLASS/SEF					
•		600		common		no par		
Changes require an additiona	d filing.					<del></del>		
11. This report must be exec	cuted on behalf of the	comoration by an a	uthorized repres	entative If the corno	ration is in	the hands of a receiver or		
<u>trustee, this report must be e</u>	executed on behalf of	the corporation by:	the receiver or tru	ustee.				
Under penalty of perjury, I statements, and that all sta	declare and affirm the	hat I have examine	ed this report, in	icluding any accom	panying s	chedules and		
Name of Authorized Represe	entative	nerem are mue am	a correct.		Date	<del></del> -		
Robert E. Moll, President					3-26-23			
Signature of Authorized Rep	resentative	111				1		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov