



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
MAR 13 2024
BY *[Signature]* 460654

1. Entity ID Number 3747		2. Exact name of the Corporation THE RHODE ISLAND CASE CONSTRUCTION COMPANY			
3. Principal Office Address 225 WAMPANOAG TRAIL		City EAST PROVIDENCE		State RI	Zip 02915
4. NAICS Code 238390		6. Brief description of the character of business conducted in Rhode Island GENERAL CONTRACTOR			
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 Kurt T. Gustafson			Vice-President Name Frank N. Gustafson, II		
Street Address 1560 Stony Lane			Street Address 225 Wampanoag Trail		
City North Kingstown	State RI	Zip 02852	City East Providence	State RI	Zip 02915
Secretary Name Frank N. Gustafson, II			Treasurer Name Kurt T. Gustafson		
Street Address 225 Wampanoag Trail			Street Address 1560 Stony Lane		
City East Providence	State RI	Zip 02915	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			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	
		100		COMMON	
				NO PAR	
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 Kurt T. Gustafson				Date 3 / 11 / 2024	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
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