

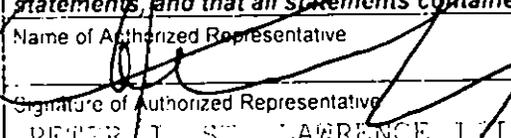
State of Rhode Island
Department of State - Business Services Division

FILED

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.

APR 17 2024
BY 1757
DS

1 Entity ID Number 000113333		2 Exact name of the Corporation R&P CONSTRUCTION, INC.			
3 Principal Office Address 30 STARR STREET			City JOHNSTON	State RI	Zip 02919
4 NAICS Code 238900		6. Brief description of the character of business conducted in Rhode Island DEMOLITION			
5 State of Incorporation RI					
7 List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name PETER J. ST. LAWRENCE III			Vice President Name PETER J. ST. LAWRENCE III		
Street Address 762 EAST ROAD			Street Address 762 EAST ROAD		
City NORTH SCITUATE	State RI	Zip 02857	City NORTH SCITUATE	State RI	Zip 02857
Secretary Name PETER J. ST. LAWRENCE III			Treasurer Name PETER J. ST. LAWRENCE III		
Street Address 762 EAST ROAD			Street Address 762 EAST ROAD		
City NORTH SCITUATE	State RI	Zip 02857	City NORTH SCITUATE	State RI	Zip 02857
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			
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1000		CNP	0
Changes require an additional filing					
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					Date
					4/15/24
Signature of Authorized Representative PETER J. ST. LAWRENCE III					

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