

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

APR 17 2024

BY

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|   |             |   |  |              |  |
|---|-------------|---|--|--------------|--|
| 1 Entity ID Number<br>000113333   |             | 2 Exact name of the Corporation<br>R&P CONSTRUCTION, INC.                                 |  |              |  |
| 3 Principal Office Address<br>30 STARR STREET   |             |   | City<br>JOHNSTON                                 | State<br>RI  | Zip<br>02919   |
| 4 NAICS Code<br>238900  |             | 6. Brief description of the character of business conducted in Rhode Island<br>DEMOLITION |  |              |  |
| 5 State of Incorporation<br>RI  |             |   |  |              |  |
| 7 List ALL officers (names and addresses)   |             |   |  |              | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name<br>PETER J. ST. LAWRENCE III   |             |   | Vice President Name<br>PETER J. ST. LAWRENCE III |              |  |
| Street Address<br>762 EAST ROAD   |             |   | Street Address<br>762 EAST ROAD                  |              |  |
| City<br>NORTH SCITUATE  | State<br>RI | Zip<br>02857  | City<br>NORTH SCITUATE                           | State<br>RI  | Zip<br>02857   |
| Secretary Name<br>PETER J. ST. LAWRENCE III   |             |   | Treasurer Name<br>PETER J. ST. LAWRENCE III      |              |  |
| Street Address<br>762 EAST ROAD   |             |   | Street Address<br>762 EAST ROAD                  |              |  |
| City<br>NORTH SCITUATE  | State<br>RI | Zip<br>02857  | City<br>NORTH SCITUATE                           | State<br>RI  | Zip<br>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<br>6/15/24  |
| Signature of Authorized Representative<br>PETER J. ST. LAWRENCE III   |             |   |  |              |  |

MAIL TO:

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