



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
MAY 01 2024
BY PL 13571

1. Entity ID Number <u>000036807</u>	2. Exact name of the Corporation <u>R & R Forms Inc.</u>
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3. Principal Office Address <u>9 Laech Street</u>	City <u>Smithfield</u>	State <u>RI</u>	Zip <u>02917</u>
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4. NAICS Code <u>238110</u>	6. Brief description of the character of business conducted in Rhode Island <u>Installation of Concrete Foundations Cast-in-Place</u>
5. State of Incorporation <u>RI</u>	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Robert A Riotes</u>		Vice-President Name <u>Donna A Riotes</u>	
Street Address <u>16 Caddy Rock Rd. 165</u>		Street Address <u>Same</u>	
City <u>N Kingstown</u>	State <u>RI</u>	City <u>Same</u>	Zip <u>02852</u>
Secretary Name <u>Donna A Riotes</u>		Treasurer Name <u>Robert A Riotes</u>	
Street Address <u>Same</u>		Street Address <u>Same</u>	
City	State	City	Zip

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>N/A</u>		Director Name <u>N/A</u>	
Street Address		Street Address	
City	State	City	Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	City	Zip

9. Shares Authorized <u>600 No Par</u>	10. Shares Issued <u>300</u>	Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. <u>Value Common</u>	NUMBER OF SHARES	CLASS/SERIFS	PAR VALUE
	<u>300</u>	<u>Common</u>	<u>0</u>
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 <u>Donna A Riotes</u>	Date <u>4/22/24</u>
Signature of Authorized Representative <u>[Signature]</u>	