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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025

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 0 4 2025 BY 3 1073
BY 5015

1. Entity ID Number		2. Exact name of the Corporation					
52462	Racland	Racland Company, Inc.					
3. Principal Office Address			City		State	Zip	
553 Hope Street			Providence		RI	02906	
4. NAICS Code	6. Brief desc	Brief description of the character of business conducted in Rhode Island					
1236116	Construc	Construction management and general contracting for construction purposes.					
5. State of Incorporation		1					
Rhode Island							
7. List ALL officers (names and	addresses)	· · · · · · · · · · · · · · · · · · ·	Turin Banada	A.I.	**	indicate an attachment	
President Name Richard A. Cardillo			Vice-President Name Richard A. Cardillo				
Street Address 553 Hope Street			Street Address Same				
^{City} Providence	State RI	^{Z₁p} 02906	City		State	Žip	
Secretary Name Richard A. Cardillo			Treasurer Name Richard A. Cardillo				
Street Address same as above			Street Address same				
City	State	Zıp	City		State	Zıp	
8. List ALL directors (names and	addresses)			Check	the box to	indicate an attachment 🔲	
Director Name Richard A. Cardillo			Director Name	Director Name			
Street Address same as above			Street Address				
City	State	Zıp	City		State	Zip	
Director Name	 		Director Name		.,		
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
9. Shares Authorized	 _	10. Shares Issued			Check the box to indicate an attachment		
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF	SHARES	COMMON		none	
		500					
11. This report must be execute	d on behalf of the	e corporation by an a	uthorized repres	sentative. If the corpo	ration is in	the hands of a receiver or	
trustee, this report must be executed the control of perium. I des	cuted on behalf o	f the corporation by that I have examine	the receiver or tr	ustee. nciuding anv accon	npanying s	schedules and	
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							
Richard A. Cardillo 2/29/25							
Signature of Authorized Representative							
1-A-1							
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MAIL TO:

Division of Business Services

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

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