



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 04 2025

BY

1. Entity ID Number 001698433		2. Exact name of the Corporation R&V Contracting Inc.			
3. Principal Office Address 44 William Barton Dr.		City Tiverton		State RI	Zip 02878
4. NAICS Code 236220		6. Brief description of the character of business conducted in Rhode Island Construction/Contractor			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Cheryl Rachupka			Vice-President Name		
Street Address 44 William Barton Dr.			Street Address		
City Tiverton	State RI	Zip 02878	City	State	Zip
Secretary Name Richard Vena			Treasurer Name Cheryl Rachupka		
Street Address 25 Brook Bend Road			Street Address 44 William Barton Dr.		
City Hanson	State MA	Zip 02341	City Tiverton	State RI	Zip 02878
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Cheryl Rachupka			Director Name		
Street Address 44 William Barton Dr.			Street Address		
City Tiverton	State RI	Zip 02878	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			10,000.00	CWP	\$0.00100
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 Cheryl Rachupka				Date 1/15/2025	
Signature of Authorized Representative Cheryl Rachupka					

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