



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.

REC'D RHODES 850  
MAR 18 10:50:15

1. Entity ID Number <b>001765186</b>		2. Exact name of the Corporation <b>Rissa, Inc</b>	
3. Principal Office Address <b>1 Longmeadow Rd.</b>		City <b>Lincoln</b>	State <b>RI</b>
Zip <b>02865</b>			
4. NAICS Code <b>236220</b>	6. Brief description of the character of business conducted in Rhode Island <b><del>General</del> Rissa is a general Residential &amp; Commercial General Contractor.</b>		
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Collins Dawson</b>		Vice-President Name <b>Collins Dawson, JR.</b>	
Street Address <b>1 Longmeadow Rd</b>		Street Address <b>1 Longmeadow Rd</b>	
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>Lincoln</b>
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Garmai Dawson</b>		Director Name	
Street Address <b>1 Longmeadow Rd</b>		Street Address	
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City
Director Name <b>Wesley Newton</b>		Director Name	
Street Address <b>46 Whitmarsh St</b>		Street Address	
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
		<b>No Shares</b> <b>0.01</b>	
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. <b>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.</b>			
Name of Authorized Representative <b>Collins Dawson</b>		Date <b>03/18/25</b>	
Signature of Authorized Representative <b>[Signature]</b>			

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

MAR 18 2025  
BY **58V9E**

FORM 630- Revised 12/2023