RI SOS Filing Number: 202567716170 Date: 3/18/2025 4:00:00 PM

State of Rhode Island Department of State - Business Services Division							
•	JIVISION	MAD + 9 A	025 0				
Annual Report for the year: Corporation -	20	25		MAR 1 8 2	125	*	
→ Filing period: February 1 - May 1							
→ Filing Fee: \$50.00					1		
Penalty: Additional \$25.00 fee if form is not filed by May 31. 1. Entity ID Number 2. Exact name of the Corporation							
000137363	00137363 Royal Construction Company Inc.						
3. Principal Office Address 252 Chatham Circle			City Warwio		State RI	Zip 02886	
4. NAICS Code	or of business	s conducted in Rhode Isla	<u>l</u> and				
236118	Residential remodeler, kitchens, bathrooms, windows, doors, basements and additions						
5. State of Incorporation Rhode Island							
7. List ALL officers (names and add	T	Check the box to indicate an attachment					
President Name Darran Rosse			Vice-Presid	Vice-President Name Same			
Street Address 252 Chatham Circle			Street Address				
^{City} Warwick	State RI	^{Zip} 02886	City		State	Žip	
Secretary Name Same			Treasurer Name Same				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names and a	ddresses)		Director Na		to indicate an	attachment	
Director Name Darran Rosse			Direction in the				
Street Address 252 Chatham Circle			Street Address City State Zio				
^{City} Warwick	State RI	^{Zip} 02886		City		Zip	
Director Name			Director Na	Director Name			
Street Address			Street Address				
City	State	Z ip	City		State	Ζiφ	
9. Shares Authorized					x to indicate an	attachment PAR VALUE	
This information is currently of record in the Department of State. Changes require an additional filing.		100		CLASS/SERIES	No par value		
11. This report must be executed of					ation is in the ha	ands of a re-	
Ceiver or trustee, this report must be Under penalty of perjury, I decla	re and affirm that	l have examine	d this report	eceiver or trustee. t, including any accomp	sanying sched	ules and	
Statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date							
Darran Rosse			3/11/2024				
Signature of Authorized Represent	ative						
\mathbf{W}							

MAIL TO: Division of Business Services

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

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