



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Corporation

2025

FILED

MAR 18 2025

BY

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→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000137363		2. Exact name of the Corporation Royal Construction Company Inc.			
3. Principal Office Address 252 Chatham Circle		City Warwick		State RI	Zip 02886
4. NAICS Code 236118	6. Brief description of the character of business conducted in Rhode Island Residential remodeler, kitchens, bathrooms, windows, doors, basements and additions				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Darran Rosse			Vice-President Name Same		
Street Address 252 Chatham Circle			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name Same			Treasurer Name Same		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Darran Rosse			Director Name		
Street Address 252 Chatham Circle			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			100		No par value
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. <i>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.</i>					
Name of Authorized Representative Darran Rosse					Date 3/11/2024
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov

FORM 630- Revised: 12/2023