RI SOS Filing Number: 202568236640 Date: 3/24/2025 4:00:00 PM

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|---|--|----------------------|-------------------------------------|---------------------------------------|----------------------|-------------------------|--|
| State of Rhode Island | 1 | | | | | | |
| Department of State - Business Services Division | | | | | FILED | | |
| Annual Report for the year: 2025 Corporation | | | | | 0 4 2207 | | |
| → Filing period: February 1 - May 1 | | | | | MAR 24 | 2025 | |
| → Filing Fee: \$50.00 | | B, | Y \ | XXX | | | |
| Penalty: Additional \$25.00 fee if form is not filed by May 31. 1. Entity ID Number 2. Exact name of the Corporation | | | | | | | |
| 001681350 | RI Building Corp. | | | | | | |
| 3. Principal Office Address | | | City State ZIP | | | | |
| 218 Kenyon Avenue | | | South | Kingstown | RI C | 02879 | |
| 4. NAICS Code | Brief description of the character of business conducted in Rhode Island | | | | | | |
| 531120 | TO OWN AND MANAGE REAL ESTATE | | | | | | |
| 5. State of Incorporation | | | | | | | |
| Rhode Island | | | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attainment Name | | | | | | an attachment 🗆 | |
| President Name Scott C. Oatley | | | Vice-President Name Scott C. Oatley | | | | |
| Street Address 218 Kenyon Avenue | | | Street Address 218 Kenyon Avenue | | | | |
| ^{City} South Kingstown | State RI | ^{Zip} 02879 | | th Kingstown | State RI | Zip 02879 | |
| Secretary Name Scott C. Oatley | | | Treasurer Name Scott C. Oatley | | | | |
| Street Address 218 Kenyon Avenue | | | Street Address 218 Kenyon Avenue | | | | |
| ^{City} South Kingstown | State RI | ^{Zip} 02879 | City Sou | th Kingstown | State RI | ^{Zip} 02879 | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name | | | | | | | |
| None None | | | Director Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | | State | Zip | |
| Director Name | | | Director Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | · · · · · · · · · · · · · · · · · · · | State | Zip | |
| 9. Shares Authorized | <u>!</u> | 10. Shares Issue | <u>l</u> ed | Check the bo | _L. ox to indicat | te an attachment | |
| This information is currently of record in the NUMBER OF | | | HARES CLASS/SERIES PAR VAU. | | | | |
| · | | 100 | | common | | 0.01 | |
| Changes require an additional filing. | • | | | ļ | | | |
| 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 | | | | | Date | | |
| Scott C. Oatley | | | | | T3 | 3. 19.25 | |
| Signature of Authorized Representative | | | | | | | |
| | | | | | | | |

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

Website: www.sos.ri.gov