State of Rhode Island
Department of State - Business Services Division

FILED
MAR 31 2025
BY 1267 02

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.

1. Entity ID Number	2. Exact name of the Corporation		
150017	RYCRAM CONSTRUCTION CO., INC.		
3. Principal Office Address	City	State	Zip
210 Goddard Row	Newport	RI	02840
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
238990	Installation & Maintenance of swimming pools @ Spas		
5. State of Incorporation			
Massachusetts			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Paul S. Flanagan	None
Street Address: 32 Wilson Street	Street Address: N/A
City: Dartmouth, State: MA, Zip: 02748	City, State, Zip
Secretary Name: Paul S. Flanagan	Treasurer Name
Street Address: 32 Wilson Street	Street Address
City: Dartmouth, State: MA, Zip: 02748	City, State, Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Paul S Flanagan	Bernice M. Flanagan
Street Address: 32 Wilson Street	Street Address: 32 Wilson Street
City: Dartmouth, State: MA, Zip: 02747	City: Dartmouth, State: MA, Zip: 02747
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 ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	275,000	Common	NoPar

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
Paul S. Flanagan	March 27, 2025

Signature of Authorized Representative: Paul Flanagan

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

FORM 630- Revised 12/2023