



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.

FILED

STAMP

APR 21 2025

BY 003295

1. Entity ID Number 19991		2. Exact name of the Corporation Inter-City Contracting, Inc.												
3. Principal Office Address 127 Limerock Road			City Smithfield	State RI	Zip 02917									
4. NAICS Code 238320		6. Brief description of the character of business conducted in Rhode Island Painting Contractor												
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 Kevin Bouthillette			Vice-President Name Kevin Bouthillette											
Street Address 122 Limerock Road			Street Address 122 Limerock Road											
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917									
Secretary Name Kevin Bouthillette			Treasurer Name Kevin Bouthillette											
Street Address 122 Limerock Road			Street Address 122 Limerock Road											
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Kevin Bouthillette			Director Name None											
Street Address 122 Limerock Road			Street Address											
City Smithfield	State RI	Zip 02917	City	State	Zip									
Director Name None			Director Name None											
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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>common</td> <td>no par value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	common	no par value			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
100	common	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.														
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 Kevin Bouthillette, President, V.Pres., Sec. Treas.					Date 4-17-2025									
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