

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

FILED ST. P APR 21 2025 BY 003295

→ Penalty: Additional \$25.00 fe	e if form is not	filed by May 31.					
1. Entity ID Number 19991	2. Exact name of the Corporation Inter-City Contracting, Inc.						
3. Principal Office Address	·				State	Zip	
127 Limerock Road			Smithf	field	RI	02917	
4. NAICS Code 238320	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			
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 R	l ^{Zip} 02917	
Secretary Name Kevin Bouthillette			Treasurer I	Treasurer Name Kevin Bouthillette			
Street Address 122 Limerock Road			Street Address 122 Limerock Road				
^{City} Smithfield	State RI	^{Z_{ip}} 02917	City Smithfield		State RI	7 <u>/</u> 917	
8. List ALL directors (names and ad	ldresses)	_ <u></u>		Check th	e box to indicat	te an attachment 🔲	
Director Name Kevin Bouthillette			Director Na	Director Name None			
Street Address 122 Limerock Road			Street Address				
^{Cily} Smithfield	State RI	^{Zıp} 02917	City		State	Zıp	
Director Name None				Director Name None			
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized	<u></u>	10. Shares Issu	ıed	Check t	ne box to indica	ite an attachment	
This information is currently of recor	d in the	NUMBL R OF		CLASS/S		PAR VALUE	
partment of State.		100	common		ļn	no par value	
Changes require an additional filing.							
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-							
ceiver 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	Date	
Kevin Bouthillette, President, V.Pres., Sec. Treas.					4-17-2025		
Signature of Authorized Representative							

MAIL TO:

Division of Business Services

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

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