



State of Rhode Island
Department of State - Business Services Division

FEB 15 2022

Annual Report for the year: 2022
Corporation

BY 47851 DS

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1

1. Entity ID Number 20821		2. Exact name of the Corporation RIGGS & GALLAGHER, INC			
3. Principal Office Address 50 WHITECAP DRIVE, SUITE 102		City NORTH KINGSTOWN, RI		State RI	Zip 02852
4. NAICS Code 236220- CONSTRUCTION		6. Brief description of the character of business conducted in Rhode Island Industrial Contractors			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DOUGLAS B RIGGS		Vice-President Name WILLIAM J. RIGGS III			
Street Address 55 PEGWIN DRIVE		Street Address 217 KETTLE POND DRIVE			
City EAST GREENWICH	State RI	Zip 02818	City WAKEFIELD	State RI	Zip 02879
Secretary Name WILLIAM J. RIGGS III		Treasurer Name WILLIAM J. RIGGS III			
Street Address 217 KETTLE POND DRIVE		Street Address 217 KETTLE POND DRIVE			
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name		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 This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS-SERIES	PAR VALUE
		200			NONE
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 <i>[Signature]</i>				Date 1/25/2022	
Signature of Authorized Representative					

MAIL TO:
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