



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2022
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

APR 25 2022
 BY *[Signature]*

1. Entity ID Number 21546		2. Exact name of the Corporation ROBINSON CONSTRUCTION CORP.			
3. Principal Office Address 145 Ingersoll Avenue			City Warwick	State RI	Zip 02866
4. NAICS Code 531312		6. Brief description of the character of business conducted in Rhode Island Real estate holding and construction			
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 Shawn T. Robinson			Vice-President Name Glenn M. Robinson		
Street Address 145 Ingersoll Avenue			Street Address 145 Ingersoll Avenue		
City Warwick	State RI	Zip 02866	City Warwick	State RI	Zip 02866
Secretary Name Shawn T. Robinson			Treasurer Name Shawn T. Robinson		
Street Address 145 Ingersoll Avenue			Street Address 145 Ingersoll Avenue		
City Warwick	State RI	Zip 02866	City Warwick	State RI	Zip 02866
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Shawn T. Robinson			Director Name Glenn M. Robinson		
Street Address 145 Ingersoll Avenue			Street Address 145 Ingersoll Avenue		
City Warwick	State RI	Zip 02866	City Warwick	State RI	Zip 02866
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		Common
					PAR VALUE
					No par
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 Shawn T. Robinson					Date 4/7/22
Signature of Authorized Representative <i>[Signature]</i>					

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