



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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

MAY 12 2024
BY *[Signature]* 1311

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 02886
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 Glen M. Robinson		
Street Address 145 Ingersoll Avenue			Street Address 145 Ingersoll Avenue		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
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 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Shawn T. Robinson			Director Name Glen M. Robinson		
Street Address 145 Ingersoll Avenue			Street Address 145 Ingersoll Avenue		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
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/SHARES	PAR VALUE
		100	Common	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 4/29/24
Signature of Authorized Representative <i>Shawn T. Robinson</i>					

MAIL TO:
Division of Business Services
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