## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

1210-0089

2015

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Parti	Annual Report	identification information							
For calen	dar plan year 2015 or f	iscal plan year beginning 04/01/2015		and ending 03/	/31/2016				
A This re	eturn/report is for:	x a single-employer plan		an (not multiemployer) (	-				
		a one-participant plan	a foreign plan						
<b>B</b> This re	turn/report is	the first return/report	the final return/report						
•		an amended return/report	a short plan year returi	n/report (less than 12 mo	· <u>—</u>				
C Check	box if filing under:	X Form 5558	automatic extension		DFVC	program			
		special extension (enter description							
Part II	Basic Plan Info	ormation—enter all requested inform	ation			<b>.</b>			
1a Name RHODE IS PLAN	•	ON MANAGEMENT GROUP, INC. & AF	FILIATES, INC. 401(K	) PROFIT SHARING	<b>1b</b> Three-digiting plan number	er			
PLAN					(PN)	001			
					1c Effective d	04/01/1985			
Mailir	ng address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. Bo			<b>2b</b> Employer (EIN)	dentification Number 05-0495815			
		ce, country, and ZIP or foreign postal con MANAGEMENT GROUP, INC. &	de (if foreign, see instr	uctions)	2c Sponsor's telephone number 401-739-8300				
					<b>2d</b> Business of	code (see instructions)			
400 LINCO WARWICK,	LN AVENUE , RI 02888					541600			
3a Plan	administrator's name a	nd address XSame as Plan Sponsor.			<b>3b</b> Administra	tor's EIN			
					3c Administra	tor's telephone number			
		e plan sponsor has changed since the lamber from the last return/report.	ast return/report filed fo	or this plan, enter the	4b EIN				
	sor's name				4c PN				
<b>5a</b> Total	number of participants	s at the beginning of the plan year			5a	92			
<b>b</b> Total	I number of participants	s at the end of the plan year			5b	95			
	· ·	account balances as of the end of the	• •	-	5c	88			
d(1) Total number of active participants at the beginning of the plan year					5d(1)	75			
d(2) Total number of active participants at the end of the plan year					5d(2)	80			
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested									
		or incomplete filing of this return/rep							
SB or Sch		ther penalties set forth in the instruction and signed by an enrolled actuary, as we plete.							
SIGN		/valid electronic signature.	11/08/2016	STEPEHN A. CARDI II	l				
HERE	Signature of plan		Date	Enter name of individu	n administrator				
SIGN	- Company				J J P	-			
HERE	Signature of emple	over/plan spensor	Date	Enter name of individual signing as employer or plan sponsor					

Preparer's name (including firm name, if applicable) and address (include room or suite number )

Preparer's telephone number

Form 5500-SF 2015		Page <b>2</b>					
<ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b.</li> </ul>	an indepen and condition	dent qualified public a	account	ant (IQ	PA)		
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)?		Yes	No Not determined
Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning	g of Ye	ar			(b) End of Year
a Total plan assets	. 7a		9722	2393			9623150
<b>b</b> Total plan liabilities	. 7b		0700	2000	-		0000450
C Net plan assets (subtract line 7b from line 7a)	. 7с		9722	393			9623150
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(b) Total
(1) Employers	. 8a(1)		152	2392			
(2) Participants	. 8a(2)		455	694			
(3) Others (including rollovers)	. 8a(3)						
<b>b</b> Other income (loss)	. 8b		-294	725			
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						313361
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		412	2474			
e Certain deemed and/or corrective distributions (see instructions)	. 8e						
f Administrative service providers (salaries, fees, commissions)	. 8f			130			
g Other expenses	. 8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						412604
i Net income (loss) (subtract line 8h from line 8c)	. 8i						-99243
j Transfers to (from) the plan (see instructions)	. 8j						
Part IV Plan Characteristics							
B If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the pla	feature code	es from the List of Pla	n Chara	acterist	ic Cod	les in the	e instructions:
10 During the plan year:				Yes	No	N/A	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's \Program)	oluntary Fi	duciary Correction	10a		X		
<b>b</b> Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X		
C Was the plan covered by a fidelity bond?			10c	X			50000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X		
Were any fees or commissions paid to any brokers, agents, or otl carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of t	he benefits under	10e	X			2795.
<b>f</b> Has the plan failed to provide any benefit when due under the pla	ın?		10f		X		
g Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	nd.)	10g		X		
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X		
i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	10i				
j Did the plan trust incur unrelated business taxable income?			10i				
Part VI Pension Funding Compliance			ı vj		<u> </u>	1	
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a Enter the unpaid minimum required contribution for all years from						11a	,
12 Is this a defined contribution plan subject to the minimum funding						302 of EI	RISA? Yes X N

	F	orm 5500-SF 2015 Page <b>3</b> - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," enter the amount of any plan assets that reverted to the employer this year		13a			
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		<b>13c(3)</b> F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	Γrust's EIN	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		o
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?		Ye	s	No	N/A

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Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Renefit Guaranty Como

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

	· · · · · · · · · · · · · · · · · · ·	► Complete all entries in accord	ance with the instru	ctions to the Form 550	0-SF.					
Par		Identification Information								
For ca	lendar plan year 2015 or fis	scal plan year beginning	04/01/2015	and ending	03/:	31/2016				
_	s return/report is for:	employer information in a	accordanc	ecking this box must attach ce with the form instructions)						
		an amended return/report	short plan year retu	rn/report (less than 12 m	onths)					
C Ch	eck box if filing under:	Form 5558 a special extension (enter description	automatic extension			DFVC program				
Part	II Basic Plan Info	rmation enter all requested inform	nation							
	ame of plan	Citici all requested inform	iation		1b Th	ree-digit				
R	hode Island Consti	ruction Management Group, I	nc. & Affilia	tes. Inc	pla	an number				
	01(k) Profit Shari				1c Eff	N) > 001 fective date of plan				
C	lailing Address (include roo ity or town, state or provinc	oyer, if for a single-employer plan)  om, apt., suite no. and street or P.O. Box  co, country, and ZIP or foreign postal coo	de (if foreign, see ins	tructions)	2b En (El	N) 05-0495815				
R	hode Island Constr	ruction Management Group, I	nc. &			oonsor's telephone number 101) 739-8300				
4	00 Lincoln Avenue					siness code (see instructions) 11600				
	Warwick RI 02888									
3a P	lan administrator's name a		3b Administrator's EIN							
					3c Ad	lministrator's telephone number				
4 If	the name and/or EIN of the ame, EIN, and the plan nur	e plan sponsor has changed since the la nber from the last return/report.	st return/report filed	for this plan, enter the	4b Ell	N				
	ponsor's name				4c PN	1				
5a T	otal number of participants	at the beginning of the plan year		***************************************	5a	92				
b To	otal number of participants	at the end of the plan year	***************************************	***************************************	5b	95				
CC	omplete this item)	account balances as of the end of the plants		efit plans do not	5c	88				
d(1)	Total number of active par	ticipants at the beginning of the plan year	······································	***************************************	5d(1)	75				
d(2)	Total number of active par	ticipants at the end of the plan year			5d(2)	80				
e Nie		erminated employment during the plan y			5e					
Cauti	on: A penalty for the late	or incomplete filing of this return/rep	ort will be assessed	d unless reasonable car	use is es	tablished.				
Under SB or	penalties of perjury and of	ther penalties set forth in the instructions and signed by an enrolled actuary, as we	s, I declare that I have	e examined this return/re	port, inclu	uding if applicable a Schedule				
SIGN	1	with		Stephen A. Cardi	iII					
HER	E Signature of plan adm	inistrator	Date [   5   6	Enter name of individua	al signing	as plan administrator				
SIGN	MAG	ely		Stephen A. Cardi	edi II					
HER	Signature of employer	r/plan sponsor	Date 1112/16	Enter name of individua	al signing	as employer or plan sponsor				
Prepa	rer's name (including firm r	name, if applicable) and address; include	room or suite numb	er		r's telephone number				

ALTERNATION OF THE PARTY OF THE	Form 5500-SF 2015		Page 2		-					
6a We	re all of the plan's assets during the plan year invested in eligible	assets? (Se	ee instructions )						X Yes	7No
	you claiming a waiver of the annual examination and report of a						***********	*******	A TES	7140
	er 29 CFR 2520.104-46? (See instructions on waiver eligibility a		IN APPLIES OF STATE SAME STATES						X Yes	]No
If yo	ou answered "No" to either line 6a or line 6b, the plan cannot	na conditions	s.) 5500-SF and must ins						Carried Co.	J
	e plan is a defined benefit plan, is it covered under the PBGC in							No	Not dete	minec
Part II										
	Assets and Liabilities		(a) Beginning o	f Year	·	T		(b) End	of Year	
	al plan assets	7a		22,3		+-		(2) 2114	9,623,1	
	al plan liabilities	7b	3,112	-2,3	93	+			9,023,1	0
	plan assets (subtract line 7b from line 7a)	7c	9.72	22 3	93	$\vdash$			9,623,1	50
8 Inco	ome, Expenses, and Transfers for this Plan Year		(a) Amount	9,722,393 nount			(b) Total			
	tributions received or receivable from:	2.40	4.5							
	Employers	8a(1)		52,3	-					
	Participants	8a(2)	4:	55,6	94					
	Others (including rollovers)er income (loss)	8a(3) 8b	100				- 1			
	al income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	(294	1,72	<b>)</b>					
d Ben	efits paid (including direct rollovers and insurance premiums	OC S							313,30	51
to pr	rovide benefits)	8d	43	12,4	74					
	tain deemed and/or corrective distributions (see instructions)	8e								
f Adm	ninistrative service providers (salaries, fees, commissions)	8f		1:	30					
THE PARTY OF THE P	er expenses	8g								
	al expenses (add lines 8d, 8e, 8f, and 8g)	8h							412,60	)4
	income (loss) (subtract line 8h from line 8c)	8i							(99,243	3)
Trov	nsfers to (from) the plan (see instructions)	8j								
Part IV	Plan Characteristics e plan provides pension benefits, enter the applicable pension for 2A 2E 2F 2G 2J 2K 2T 3D 3H e plan provides welfare benefits, enter the applicable welfare fea									
Part IV 9a If the	e plan provides pension benefits, enter the applicable pension for 2A 2E 2F 2G 2J 2K 2T 3D 3H  e plan provides welfare benefits, enter the applicable welfare feat									
Part IV	e plan provides pension benefits, enter the applicable pension for 2A 2E 2F 2G 2J 2K 2T 3D 3H e plan provides welfare benefits, enter the applicable welfare feat the compliance Questions				eristic	Code	s in the	instruction	ons:	
Part IV  9a If the  b If the  Part V  10 De	e plan provides pension benefits, enter the applicable pension for 2A 2E 2F 2G 2J 2K 2T 3D 3H e plan provides welfare benefits, enter the applicable welfare features the applicable welfare features the plan year:	ature codes fi	rom the List of Plan Ch		eristic			instruction		
Part IV  9a If the  b If the  Part V  10 De  a W	e plan provides pension benefits, enter the applicable pension for 2A 2E 2F 2G 2J 2K 2T 3D 3H e plan provides welfare benefits, enter the applicable welfare feat the compliance Questions	ature codes fi	rom the List of Plan Ch		eristic	Code	s in the	instruction	ons:	
Part IV 9a If the b If the Part V 10 De a W de Pr	e plan provides pension benefits, enter the applicable pension for 2A 2E 2F 2G 2J 2K 2T 3D 3H e plan provides welfare benefits, enter the applicable welfare featuring the plan year: as there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Votogram)	ature codes fi	nom the List of Plan Ch		eristic	Code	s in the	instruction	ons:	
Part IV  Part V  10 Du  de  Pr  b W  re	e plan provides pension benefits, enter the applicable pension for 2A 2E 2F 2G 2J 2K 2T 3D 3H e plan provides welfare benefits, enter the applicable welfare featuring the plan year: The state a failure to transmit to the plan any participant contributes cribed in 29 CFR 2510.3-102? (See instructions and DOL's Votogram)  There are any nonexempt transactions with any party-in-interest ported on line 10a.)	ature codes fi	nom the List of Plan Ch the time period ciary Correction	aracte	eristic	Code	s in the	instruction	ons:	
Part IV 9a If the b If the Part V 10 Du a W de Pr b W re  C W	e plan provides pension benefits, enter the applicable pension for 2A 2E 2F 2G 2J 2K 2T 3D 3H  e plan provides welfare benefits, enter the applicable welfare feature plan provides welfare benefits, enter the applicable welfare feature to transmit to the plan any participant contributes there a failure to transmit to the plan any participant contributes cribed in 29 CFR 2510.3-102? (See instructions and DOL's Votogram)  ere there any nonexempt transactions with any party-in-interest ported on line 10a.)  fas the plan covered by a fidelity bond?	tions within to	he time period ciary Correction	aracte	eristic	No	s in the	instruction	Amount	,000
Part IV 9a If the b If the Part V 10 Du a W de Pr b W re c W d Di by	e plan provides pension benefits, enter the applicable pension for 2A 2E 2F 2G 2J 2K 2T 3D 3H  e plan provides welfare benefits, enter the applicable welfare feature plan provides welfare benefits, enter the applicable welfare feature plan provides welfare benefits, enter the applicable welfare feature plan provides welfare benefits, enter the applicable welfare feature plan provides welfare benefits, enter the applicable welfare feature plan plan plan pensions.  The plan provides pension benefits, enter the applicable pension for a plan plan plan pension feature.  The plan provides pension benefits, enter the applicable pension feature.  The plan provides pension benefits, enter the applicable pension feature.  The plan provides welfare benefits, enter the applicable welfare feature.  The plan provides welfare benefits, enter the applicable welfare feature.  The plan provides welfare benefits, enter the applicable welfare feature.  The plan provides welfare benefits, enter the applicable welfare feature.  The plan provides welfare benefits, enter the applicable welfare feature.  The plan provides welfare benefits, enter the applicable welfare feature.  The plan provides welfare benefits, enter the applicable welfare feature.  The plan provides welfare benefits, enter the applicable welfare feature.  The plan provides welfare benefits, enter the applicable welfare feature.  The plan provides welfare benefits, enter the applicable welfare feature.  The plan provides welfare benefits, enter the applicable welfare feature.  The plan provides welfare benefits, enter the applicable welfare feature.  The plan provides welfare benefits, enter the applicable welfare feature.  The plan provides welfare benefits, enter the applicable welfare feature.  The plan provides welfare benefits and the plan provides welfare feature.  The plan provides welfare benefits and the plan provides welfare feature.  The plan provides welfare feature feature.  The plan provides welfare feature feature.  The plan provides welfare feature fe	tions within the	that was caused	10a	Yes	No	s in the	instruction	Amount	,000
Part IV  Part V  10 Du  de  Pr  b W  re  c W  d Di  by  e W  ca	e plan provides pension benefits, enter the applicable pension for 2A 2E 2F 2G 2J 2K 2T 3D 3H  e plan provides welfare benefits, enter the applicable welfare feature plan provides welfare benefits, enter the applicable welfare feature to transmit to the plan any participant contributes there a failure to transmit to the plan any participant contributes portion in 29 CFR 2510.3-102? (See instructions and DOL's Votogram)  elever there any nonexempt transactions with any party-in-interest ported on line 10a.)  as the plan covered by a fidelity bond?  d the plan have a loss, whether or not reimbursed by the plan's	tions within the pluntary Fiduce.  ? (Do not include fidelity bond, mer persons be or all of the	that was caused	10a 10b 10c	Yes	No X	s in the	instruction	Amount 500	
Part IV 9a If the b If the Part V 10 De a W de Pr b W re c W d Di by e W ca the	e plan provides pension benefits, enter the applicable pension for 2A 2E 2F 2G 2J 2K 2T 3D 3H  e plan provides welfare benefits, enter the applicable welfare feature plan provides welfare benefits, enter the applicable welfare feature to transmit to the plan any participant contributes cribed in 29 CFR 2510.3-102? (See instructions and DOL's Vorogram)  lere there any nonexempt transactions with any party-in-interest ported on line 10a.)  leas the plan covered by a fidelity bond?  d the plan have a loss, whether or not reimbursed by the plan's fraud or dishonesty?  lere any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some	tions within the bluntary Fiduce.  ? (Do not include fidelity bond, mer persons be or all of the	that was caused	10a 10b	Yes	No X	s in the	instruction	Amount 500	
Part IV  9a If the  b If the  Part V  10 Du  a W  de  Pr  b W  re  c W  d Di  by  e W  ca  the	e plan provides pension benefits, enter the applicable pension for 2A 2E 2F 2G 2J 2K 2T 3D 3H  e plan provides welfare benefits, enter the applicable welfare feature plan provides welfare benefits, enter the applicable welfare feature plan provides welfare benefits, enter the applicable welfare feature plan year:  as there a failure to transmit to the plan any participant contributes period in 29 CFR 2510.3-102? (See instructions and DOL's Votogram)  bere there any nonexempt transactions with any party-in-interest ported on line 10a.)  as the plan covered by a fidelity bond?  d the plan have a loss, whether or not reimbursed by the plan's fraud or dishonesty?  erer any fees or commissions paid to any brokers, agents, or other any fees or commissions paid to any brokers, agents, or other plan? (See instructions.)	tions within to bluntary Fiduce ? (Do not income fidelity bond, her persons been all of the	that was caused  y an insurance benefits under	10a 10b 10c 10d 10e	Yes	No X	s in the	instruction	Amount 500	
Part IV  9a If the  b If the  Part V  10 Du  a W  de  Pr  b W  re  c W  d Di  by  e W  ca  the  f Ha  g Di  h If the	e plan provides pension benefits, enter the applicable pension for 2A 2E 2F 2G 2J 2K 2T 3D 3H  e plan provides welfare benefits, enter the applicable welfare feature plan provides welfare benefits, enter the applicable welfare feature plan provides welfare benefits, enter the applicable welfare feature plan year:  as there a failure to transmit to the plan any participant contributes period in 29 CFR 2510.3-102? (See instructions and DOL's Votogram)  bere there any nonexempt transactions with any party-in-interest ported on line 10a.)  as the plan covered by a fidelity bond?  d the plan have a loss, whether or not reimbursed by the plan's fraud or dishonesty?  fere any fees or commissions paid to any brokers, agents, or other organization that provides some plan? (See instructions.)  as the plan failed to provide any benefit when due under the plan defined the plan have any participant loans? (If "Yes," enter amount a this is an individual account plan, was there a blackout period?	tions within to bluntary Fiduce ? (Do not income fidelity bond, her persons be se or all of the s of year end	that was caused  y an insurance benefits under	10a 10b 10c 10d 10e 10f 10g	Yes	No X X X	s in the	instruction	Amount 500	
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Part IV  9a If the  b If the  Part V  10 De  a W  de  Pr  b W  re  c W  d Di  by  e W  cat  f Ha  g Di  h Iff  25  i If	e plan provides pension benefits, enter the applicable pension for 2A 2E 2F 2G 2J 2K 2T 3D 3H  e plan provides welfare benefits, enter the applicable welfare feature plan provides welfare benefits, enter the applicable welfare featuring the plan year:  as there a failure to transmit to the plan any participant contributes cribed in 29 CFR 2510.3-102? (See instructions and DOL's Vorgram)  All there any nonexempt transactions with any party-in-interest ported on line 10a.)  As the plan covered by a fidelity bond?  As the plan have a loss, whether or not reimbursed by the plan's fraud or dishonesty?  As the plan have a loss, whether or not reimbursed by the plan's fraud or dishonesty?  As the plan feiled to provide any benefit when due under the plant of the plan have any participant loans? (If "Yes," enter amount a this is an individual account plan, was there a blackout period? (100.101-3.)	tions within the state of the s	that was caused  be energits under  that was caused  one and 29 CFR  otice or one of the	10a 10b 10c 10d 10e 10f 10g 10h	Yes	No X X X	s in the	instruction	Amount 500	
Part IV  9a If the  b If the  Part V  10 De  a W  de  Pr  b W  re  c W  d Di  by  f Ha  g Di  h Iff  25  i If	e plan provides pension benefits, enter the applicable pension for 2A 2E 2F 2G 2J 2K 2T 3D 3H  e plan provides welfare benefits, enter the applicable welfare feature applicable welfare feature to transmit to the plan any participant contributes cribed in 29 CFR 2510.3-102? (See instructions and DOL's Vologram)  element there any nonexempt transactions with any party-in-interest ported on line 10a.)  element any feature to transmit to the plan any participant contributes as the plan covered by a fidelity bond?  determined the plan have a loss, whether or not reimbursed by the plan's fraud or dishonesty?  element any feature to route any brokers, agents, or other any feature, insurance service, or other organization that provides some plan? (See instructions.)  as the plan failed to provide any benefit when due under the plan dethe plan have any participant loans? (If "Yes," enter amount a this is an individual account plan, was there a blackout period? (20.101-3.)  10h was answered "Yes," check the box if you either provided the coeptions to providing the notice applied under 29 CFR 2520.101 dethe plan trust incur unrelated business taxable income?	tions within the state of the s	that was caused  be energits under  that was caused  one and 29 CFR  otice or one of the	10a 10b 10c 10d 10e 10f 10g	Yes	No X X X	s in the	instruction	Amount 500	
Part IV  9a If the  b If the  Part V  10 De  a W  de  Pr  b W  re  c W  d Di  by  e W  cath  f Ha  g Di  h Iff  exc  j Di  Part V  11 Is	e plan provides pension benefits, enter the applicable pension for 2A 2E 2F 2G 2J 2K 2T 3D 3H are plan provides welfare benefits, enter the applicable welfare feature plan provides welfare benefits, enter the applicable welfare feature plan provides welfare benefits, enter the applicable welfare feature plan provides welfare benefits, enter the applicable welfare feature plan provides welfare benefits, enter the applicable welfare feature plan plan plan plan plan plan plan plan	tions within the plantary Fiduce (Do not incomplete persons be every all of the persons between the person	that was caused  that was caused  y an insurance benefits under  ons and 29 CFR  otice or one of the	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes X	No X X X X X	N/A N/A	instruction	Amount  500	,000 ,952
Part IV  9a If the  b If the  Part V  10 Du  a W  de  Pr  b W  re  c W  d Di  by  e W  ca  the  f Ha  g Di  h If II  25  i If  ex  j Di  Part VI  11 Is  55	e plan provides pension benefits, enter the applicable pension for 2A 2E 2F 2G 2J 2K 2T 3D 3H are plan provides welfare benefits, enter the applicable welfare feature plan provides welfare benefits, enter the applicable welfare feature plan provides welfare benefits, enter the applicable welfare feature plan provides welfare benefits, enter the applicable welfare feature plan provides welfare benefits, enter the applicable welfare feature plan plan plan plan plan plan plan plan	tions within the state of the s	that was caused  be elime period ciary Correction  that was caused  by an insurance be benefits under  cons and 29 CFR  otice or one of the	10a 10b 10c 10d 10e 10f 10g 10h 10i 10j	Yes X	No X X X X X	N/A N/A	instruction	Amount 500	,952

Form 5500-SF 2015	Page 3-					
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e beld	ow, as applicable.)		Т			
a If a waiver of the minimum funding standard for a prior year is granting the waiver.	being amortized in this plan year, see inst	ructions, and	d enter th	ne date of	the letter	ruling
If you completed line 12a, complete lines 3, 9, and 10 of Sched	Monti	1 E	ay	Yea	ır	
			12b			
The contract of the chiployer to the plan for the	is plan year	***********************	12c			
negative amount)			12d			
e Will the minimum funding amount reported on line 12d be met b		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes [	] No [	] N/A
Part VII Plan Terminations and Transfers of Asset						
13a Has a resolution to terminate the plan been adopted in any plan	year?	*************	Ye	s X No	)	
If "Yes," enter the amount of any plan assets that reverted to the			13a			
b Were all the plan assets distributed to participants or beneficiari of the PBGC?	***************************************				Yes	X No
C If during this plan year, any assets or liabilities were transferred which assets or liabilities were transferred. (See instructions.)	from this plan to another plan(s), identify	the plan(s) to	0			and the first of the second se
13c(1) Name of plan(s):		130	(2) EIN(	s)	13c(3)	PN(s)
Part VIII Trust Information						
14a Name of trust			14b Tr	ust's EIN		
14c Name of trustee or custodian			444			
140 Name of trustee of custodian				ustee or c		s
			tolop	HONE HUM	DGI	
Part IX IRS Compliance Questions						
15a is the plan a 401(k) plan:	***************************************		☐ Yes	Г	□ No	
				ign-		
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination r	requirements for employee deferrals and e	mployer	bas	ed safe	ADP/	ACP
matching contributions (as applicable) under sections 401(k)(3) a	nd 401(m)(2)?		hart		test	
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for	or the plan year using the "current year					
testing method" for nonhighly compensated employees (Treas. R	leg. section 1.401(k)-2(a)(2)(ii) and 1.401(	m)-	Yes	L	No	
2(a)(2)(ii))?	***************************************					
16a Check the box to indicate the method used by the plan to satisfy	the coverage requirements under section	410/b):	Rati		Avera	nga .
			Tes	centage L		fit Test
16b Does the plan satisfy the coverage and nondiscrimination tests of this plan with any other plans under the permissive aggregation in	of sections 410(b) and 401(a)(4) by combinutes?	ning	☐ Yes	_	] No	
17a Has the Plan been timely amended for all required law changes?			Yes	Г	No	□ N/A
17b Date of the last plan amendment/restatement for the required tax			annlica	ble code _		
instructions for tax law changes and codes).						
17c If the plan sponsor is an adopter of a pre-approved master, proto advisory letter, enter the date of that favorable letter	and the letter's serial number	ar .			-	
17d If the plan is an individually-designed plan and recieved a favoral	ble determination letter from IRS, please	enter the date	e of plan	s last favo	rable	
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no el made), American Samoa, Guam, the Commonwealth of the North	ection under FRISA section 1022(i)(2) has	e heen	☐ Yes		□ No	
10 14	iem warana islands of the O.S. Virgin isla		☐ Yes	Г	□ No	
If Yes, enter amount		-				
		***************************************	19			
20 Were minimum required distributions made to 5% owners who had not retired) as required under section 401(a)(9)?	ive attained age 70 ½ (regardless of wheth	ner or	Yes Yes		☐ No	□ N/A

## 5500-SF Electronic Filing Authorization

Plan Name:

Rhode Island Construction Management Group, Inc. & Affiliates, Inc. 401(k) Profit Sharing Plan

EIN/PN:

05-0495815/001

Plan Year:

04/01/2015 - 03/31/2016

I hereby authorize Freeman Retirement Plan Consulting LLC to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Administrator

Plan Sponsor