



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 142077		2. Name of Corporation G.D. CONSTRUCTION, INC.			
3. Street Address Principal Business Office 25 Academy Avenue		City Bristol	State RI	Zip 02809	
4. Business Phone No. (401) 556-3700		5. State of Incorporation Rhode Island		6. SIC Code 0414	
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF FRAMING, REMODELING, BUYING, SELLING AND LEASING RESIDENTIAL AND COMMERCIAL BUILDINGS					
8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name George DeMedeiros		Vice President Name George DeMedeiros			
Street Address 25 Academy Avenue		Street Address 25 Academy Avenue			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name George DeMedeiros		Treasurer Name George DeMedeiros			
Street Address 25 Academy Avenue		Street Address 25 Academy Avenue			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name George DeMedeiros		Director Name None			
Street Address 25 Academy Avenue		Street Address			
City Bristol	State RI	Zip 02809	City	State	Zip
Director Name None		Director Name None			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) ☐ 11. SHARES ISSUED (X BOX FOR ATTACHMENT) ☐					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000	Common	No Par Value	500	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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FILED

File Date **APR 07 2008**

Check No. **By DS 14214**

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer *George DeMedeiros* Date *4/3/08*
George DeMedeiros
Print or Type Name of Officer
President
Title of Officer