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

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River St., Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation
9014	Dynomike, Inc.

3. Street Address Principal Business Office	City	State	Zip
689 HAMILTON ALLENTON RD	NORTH KINGSTOWN	RI	02852

4. Business Phone No.	5. State of Incorporation
4012957202	RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
THE CARRYING ON OF A CONSTRUCTION BUSINESS

7. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
MARY ANN MACLAUGHLIN	MICHAEL R. MACLAUGHLIN
Street Address	Street Address
689 HAMILTON-ALLENTON ROAD	689 HAMILTON-ALLENTON ROAD
City / State / Zip	City / State / Zip
NORTH KINGSTOWN / RI / 02852	NORTH KINGSTOWN / RI / 02852
Secretary Name	**Treasurer Name**
MARY ANN MACLAUGHLIN	MARY ANN MACLAUGHLIN
Street Address	Street Address
689 HAMILTON-ALLENTON ROAD	689 HAMILTON-ALLENTON ROAD
City / State / Zip	City / State / Zip
NORTH KINGSTOWN / RI / 02852	NORTH KINGSTOWN / RI / 02852

8. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
MARY ANN MACLAUGHLIN	
Street Address	Street Address
689 HAMILTON-ALLENTON ROAD	
City / State / Zip	City / State
NORTH KINGSTOWN / RI / 02852	
Director Name	**Director Name**
Street Address	Street Address
City / State / Zip	City / State / Zip

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9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES		
Number of Shares	*Class/Series*	*Par Value*
500 NO PAR VALUE		

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*
500	COMMON	NO PAR

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.

[redacted] 9014 [redacted]

*9014
File Date FILED
Check No. MAR 0 2 2009
By: 9315
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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.

Mary Ann MacLaughlin 3-1-09
Signature of Officer *Date*

Mary Ann Maclaughlin
Print or Type Name of Officer

President
Title of Officer

[redacted]

Form 630 12/05