



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>140132</u>		2. Exact name of the Corporation <u>D.T.P. Construction, Inc.</u>	
3. Principal office address <u>30 Winsor Drive</u>		City <u>Barrington</u>	State <u>Rd</u>
4. Business Phone No. <u>401-246-1022</u>		5. State of Incorporation <u>Rhode Island</u>	
6. Brief description of the character of business conducted in Rhode Island <u>Building Contractors</u>			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>David T. Patterson</u>		Vice-President Name <u>Kristin M. Patterson</u>	
Street Address <u>30 Winsor Drive</u>		Street Address <u>30 Winsor Drive</u>	
City <u>Barrington</u>	State <u>Rd</u>	City <u>Barrington</u>	State <u>Rd</u>
Zip <u>02806</u>		Zip <u>02806</u>	
Secretary Name <u>Kristin M. Patterson</u>		Treasurer Name <u>David T. Patterson</u>	
Street Address <u>30 Winsor Drive</u>		Street Address <u>30 Winsor Drive</u>	
City <u>Barrington</u>	State <u>Rd</u>	City <u>Barrington</u>	State <u>Rd</u>
Zip <u>02806</u>		Zip <u>02806</u>	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <u>NONE</u>		Director Name <u>NONE</u>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name <u>NONE</u>		Director Name <u>NONE</u>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			
NUMBER OF SHARES <u>100</u>		CLASS/SERIES	PAR VALUE <u>NONE</u>

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.

FILED

File Date: FEB 23 2012
 Check No: 2705
 By: [Signature]

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] 2/24/12
 Signature of Authorized Representative Date
David T. Patterson
 Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY