



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

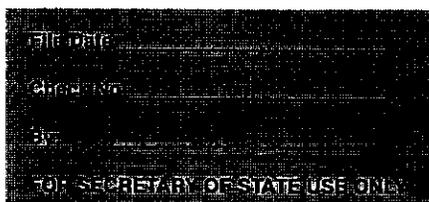
## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

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. <b>542839</b>		2. Exact name of the Corporation <b>DMB CONSTRUCTION, INC.</b>			
3. Principal office address <b>69 SWANTON STREET</b>			City <b>WINCHESTER</b>	State <b>MA</b>	Zip <b>01890</b>
4. Business Phone No. <b>781-721-4488</b>			5. State of Incorporation <b>MASSACHUSETTS</b>		
6. Brief description of the character of business conducted in Rhode Island <b>GENERAL CONTRACTOR</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (SEE BOX FOR ATTACHMENT)</b>					
President Name <b>BRUCE WELLS</b>			Vice-President Name <b>BRUCE WELLS</b>		
Street Address <b>53 COLONIAL DRIVE</b>			Street Address <b>53 COLONIAL DRIVE</b>		
City <b>ARLINGTON</b>	State <b>MA</b>	Zip <b>02474</b>	City <b>ARLINGTON</b>	State <b>MA</b>	Zip <b>02474</b>
Secretary Name <b>BRUCE WELLS</b>			Treasurer Name <b>BRUCE WELLS</b>		
Street Address <b>53 COLONIAL DRIVE</b>			Street Address <b>53 COLONIAL DRIVE</b>		
City <b>ARLINGTON</b>	State <b>MA</b>	Zip <b>02474</b>	City <b>ARLINGTON</b>	State <b>MA</b>	Zip <b>02474</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (SEE BOX FOR ATTACHMENT)</b>					
Director Name <b>BRUCE WELLS</b>			Director Name		
Street Address <b>53 COLONIAL DRIVE</b>			Street Address		
City <b>ARLINGTON</b>	State <b>MA</b>	Zip <b>02474</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED</b>					
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	CLASS/SERIES	PAR VALUE
			<b>20,000</b>	<b>COMMON</b>	<b>0.01</b>

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**  
 FEB 01 2013  
 24164

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]*  
 Signature of Authorized Representative  
**BRUCE WELLS, PRESIDENT**  
 Date **1/28/13**

Print or Type Name of Authorized Representative