



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 2014

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. 122964		2. Exact name of the Corporation DENNIS HIGGINS BUILDERS, INC.			
3. Principal office address 17 Warren Street		City Smithfield	State RI	Zip 02917-0000	
4. Business Phone No.		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island construction, carpentry					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒					
President Name Dennis W. Higgins			Vice-President Name (Asst. V-Pres., Dennis W. Higgins Michael Bowie)		
Street Address 17 Warren Street			Street Address 17 Warren Street		
City Smithfield	State RI	Zip 02091-7	City Smithfield	State RI	Zip 02917-
Secretary Name Dennis W. Higgins			Treasurer Name Dennis W. Higgins		
Street Address 17 Warren Street			Street Address 17 Warren Street		
City Smithfield	State RI	Zip 02917-	City Smithfield	State RI	Zip 02917-
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Dennis W. Higgins			Director Name none		
Street Address 17 Warren Street			Street Address none		
City Smithfield	State RI	Zip 02917-	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					
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	
100		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.

File Date: _____
Check No: _____
By: _____
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.

FILED

MAR 04 2014

BY 11183

Signature of Authorized Representative

Dennis W. Higgins

Print or Type Name of Authorized Representative

President

1/06/2014

Date