



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. 791947		2. Exact name of the Corporation Doyon Construction, Inc.								
3. Principal office address 1070 Quaker Highway			City Uxbridge	State MA	Zip 01569					
4. Business Phone No. (508) 381-9089			5. State of Incorporation Massachusetts							
6. Brief description of the character of business conducted in Rhode Island Construction work, siding, windows, decks and roofs.										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name Jesse A. Doyon, III			Vice-President Name None							
Street Address 1070 Quaker Highway			Street Address							
City Uxbridge	State MA	Zip 01569	City	State	Zip					
Secretary Name Jesse A. Doyon, III			Treasurer Name Jesse A. Doyon, III							
Street Address 1070 Quaker Highway			Street Address 1070 Quaker Highway							
City Uxbridge	State MA	Zip 01569	City Uxbridge	State MA	Zip 01569					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name Jesse A. Doyon, III			Director Name							
Street Address 1070 Quaker Highway			Street Address							
City Uxbridge	State MA	Zip 01569	City	State	Zip					
Director Name			Director Name							
Street Address			Street Address							
City	State	Zip	City	State	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	CLASS/SERIES	PAR VALUE		
						100	Common	No par value		

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

FILED
 MAR 27 2014
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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.

Jesse A. Doyon, III 3-1-2014
 Signature of Authorized Representative Date

Jesse A. Doyon, III, President

Print or Type Name of Authorized Representative