



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 2015**

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>122964</b>		2. Exact name of the Corporation <b>DENNIS HIGGINS BUILDERS, INC.</b>			
3. Principal office address <b>17 Warren Street</b>		City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917-0000</b>	
4. Business Phone No.		5. State of Incorporation <b>RI</b>			
6. Brief description of the character of business conducted in Rhode Island <b>construction, carpentry</b>					
<b>X</b>					
President Name <b>Dennis W. Higgins</b>			Vice-President Name <b>Dennis W. Higgins</b>		
Street Address <b>17 Warren Street</b>			Street Address <b>17 Warren Street</b>		
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02091-7</b>	City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917-</b>
Secretary Name <b>Dennis W. Higgins</b>			Treasurer Name <b>Dennis W. Higgins</b>		
Street Address <b>17 Warren Street</b>			Street Address <b>17 Warren Street</b>		
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917-</b>	City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917-</b>
Director Name <b>Dennis W. Higgins</b>			Director Name <b>none</b>		
Street Address <b>17 Warren Street</b>			Street Address <b>none</b>		
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917-</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>
Director Name <b>none</b>			Director Name <b>none</b>		
Street Address <b>none</b>			Street Address <b>none</b>		
City <b>none</b>	State <b>none</b>	Zip <b>none</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</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>100</b>	<b>Common</b>	<b>No Par</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.

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.

*Dennis W. Higgins* 1/05/2015  
Signature of Authorized Representative Date

**Dennis W. Higgins**

Print or Type Name of Authorized Representative  
**President**

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**DENNIS HIGGINS BUILDERS, INC.**  
**CORPORATE ID NO. 122964**  
**ASSISTANT VICE PRESIDENT:**

Michael Bowie  
27 Lombardi Lane  
West Warwick, RI 02893