



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. 97972 | | 2. Exact name of the Corporation Rowland Dyer Builders, Inc. | | | |
| 3. Principal office address 590 Dugway Bridge Road | | | City West Kingston | State RI | Zip 02892 |
| 4. Business Phone No. (401) 783-0824 | | | 5. State of Incorporation Rhode Island | | |
| 6. Brief description of the character of business conducted in Rhode Island Construction, Building, General Contracting | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name Rowland Dyer, Jr. | | | Vice-President Name Cheryl Dyer | | |
| Street Address 590 Dugway Bridge Road | | | Street Address 590 Dugway Bridge Road | | |
| City West Kingston | State RI | Zip 02892 | City West Kingston | State RI | Zip 02892 |
| Secretary Name Cheryl Dyer | | | Treasurer Name Rowland Dyer, Jr. | | |
| Street Address 590 Dugway Bridge Road | | | Street Address 590 Dugway Bridge Road | | |
| City West Kingston | State RI | Zip 02892 | City West Kingston | State RI | Zip 02892 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name Rowland Dyer, Jr. | | | Director Name Cheryl Dyer | | |
| Street Address 590 Dugway Bridge Road | | | Street Address 590 Dugway Bridge Road | | |
| City West Kingston | State RI | Zip 02892 | City West Kingston | State RI | Zip 02892 |
| Director Name None | | | Director Name None | | |
| 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 |
| | | | | | |

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

MAR 13 2015

Check No

By: Cheryl Dyer

BY JMD

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.

Cheryl Dyer 2/25/15
 Signature of Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

5148

Cheryl Dyer
 Print or Type Name of Authorized Representative