



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 2016

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 checked="" 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.

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

Cheryl Dyer

1/20/16

Signature of Authorized Representative

Date

Cheryl Dyer

Print or Type Name of Authorized Representative

JAN 27 2016
 KL5350