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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.	2. Exact name of the Corporation
791947	Doyon Construction, Inc.

3. Principal office address	City	State	Zip
1070 Quaker Highway	Uxbridge	MA	01569

4. Business Phone No.	5. State of Incorporation
(508) 381-9089	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)

President Name	Vice-President Name
Jesse A. Doyon, III	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)

Director Name	Director Name
Jesse A. Doyon, III	
Street Address: 1070 Quaker Highway	Street Address:
City: Uxbrige 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)		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	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
FEB 09 2016
BY KL1282

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
Signature of Authorized Representative Date

Jesse A. Doyon, III, President
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

132240-4-1107621