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			
7137	Dexter Sign Co.			
3. Principal office address: 70 Waterman Avenue		City: East Providence	State: RI	Zip: 02914
4. Business Phone No.: (401)434-1100		5. State of Incorporation: RI		

6. Brief description of the character of business conducted in Rhode Island
Installation and service of display signs; mobile crane, excavation, electrical contractors

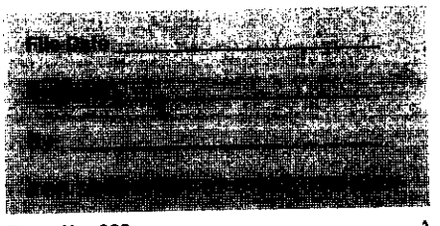
President Name: Brent Dexter			Vice-President Name: Brent Dexter		
Street Address: 195 Riverside Drive			Street Address: 195 Riverside Drive		
City: Riverside	State: RI	Zip: 02915	City: Riverside	State: RI	Zip: 02915
Secretary Name: Brent S. Dexter			Treasurer Name: Brent Dexter		
Street Address: 122 Allerton Avenue			Street Address: 195 Riverside Drive		
City: East Providence	State: RI	Zip: 02914	City: Riverside	State: RI	Zip: 02915

Director Name: Brent Dexter			Director Name: Sherrie Capuano		
Street Address: 195 Riverside Drive			Street Address: 99 Kearney Street		
City: Riverside	State: RI	Zip: 02915	City: Cranston	State: RI	Zip: 02920
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9 SHARES AUTHORIZED — **10 SHARES ISSUED ("X" BOX FOR ATTACHMENT)** ☐

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	Comm	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.



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.

Brent Dexter 2/9/16
Signature of Authorized Representative — Date

Brent Dexter
Print or Type Name of Authorized Representative

FILED
FEB 11 2016
BY 16L17719

Form No. 630
Revised: 01/2012