

Department of State - Business Services Division

Annual Report for the year: 2016
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 00140132		2. Exact name of the Corporation D.T.P. Construction, Inc.			
3. Principal Office Address 30 Winsor Drive			City Barrington	State R.I.	Zip 02806
4. Business Phone Number 401-16-2824			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Building Contractor					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David T. Patterson			Vice-President Name Kristin M. Patterson		
Street Address 30 Winsor Drive			Street Address 30 Winsor Drive		
City Barrington	State R.I.	Zip 02806	City Barrington	State R.I.	Zip 02806
Secretary Name Kristin M. Patterson			Treasurer Name David T. Patterson		
Street Address 30 Winsor Drive			Street Address 30 Winsor Drive		
City Barrington	State R.I.	Zip 02806	City Barrington	State R.I.	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Same As Above			Director Name Same As Above		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 100.00			10. Shares Issued 100.00 Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100.00	STK	\$0.0000
11. 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.					
Name of Authorized Representative Kristin M. Patterson					Date March 3, 2016
Signature of Authorized Representative <i>Kristin M. Patterson</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040

FILED

MAR 09 2016

By CK# 3219

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