RI SOS Filing Number: 201610142900 Date: 10/11/2016 1:38 PM

Amended

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		
7126	**Dexter Investment Corp.**		
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: **Real estate investment.**			

2016 OCT 11 P1:38

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: **Kirk Dexter**		
Street Address: **122 Allerton Avenue**			Street Address: **35 Shore Drive**		
City: **East Providence**	State: **RI**	Zip: **02914**	City: **Warren**	State: **RI**	Zip: **02885**
Director Name: **Brent Dexter**			Director Name: **Kirk Dexter**		
Street Address: **195 Riverside Drive**			Street Address: **35 Shore Drive**		
City: **Riverside**	State: **RI**	Zip: **02915**	City: **Warren**	State: **RI**	Zip: **02885**
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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
	1000	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.

[redacted]

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.

1:38 pm [signature] — 10/06/2016
Signature of Authorized Representative — Date

FILED
OCT 11 2016
By [signature]

Brent Dexter
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

October 11, 2016 1:38 PM

Nellie M. Gorbea
Secretary of State

142963-3-1119079