



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

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 165367 | | 2. Exact name of the Corporation D. HEYWOOD CONSTRUCTION, INC. | | | |
| 3. Principal Office Address 1828 Atwood Avenue | | City Johnston | | State RI | Zip 02919 |
| 4. NAICS Code 23 - Construction | | 6. Brief description of the character of business conducted in Rhode Island Construction business and any other lawful purpose | | | |
| 5. State of Incorporation Rhode Island | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Daniel Heywood | | | Vice-President Name | | |
| Street Address 1828 Atwood Avenue | | | Street Address | | |
| City Johnston | State RI | Zip 02919 | City | State | Zip |
| Secretary Name Daniel Heywood | | | Treasurer Name Daniel Heywood | | |
| Street Address 1828 Atwood Avenue | | | Street Address 1828 Atwood Avenue | | |
| City Johnston | State RI | Zip 02919 | City Johnston | State RI | Zip 02919 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Daniel Heywood | | | Director Name | | |
| Street Address Same as above | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing. | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| | | | NUMBER OF SHARES CLASS/SERIES PAR VALUE | | |
| | | | 100 common no par | | |
| | | | | | |
| 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 Daniel Heywood | | | Date FILED 1/17 | | |
| Signature of Authorized Representative <i>[Signature]</i> | | | FEB 01 2017 | | |

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

BY *[Signature]*

FORM 630 - Revised: 10/2016